

STATE OF MARYLAND—CERTIFICATE OF DEATH

00475

1. PLACE OF DEATH

County Frederick
 Village or City Liberty Town

(82-a)

Registration Dist. No. 137T

St., Ward

Length of residence in city or town where death occurred 30 yrs. 50 mos. 0 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

J. Valentine Albaugh

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>MARRIED</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSarah C. Albaugh

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>75</u>	Years	Months <u>20</u>	Days <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION Flour & feed ston

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Flour & feed ston</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
10. Date deceased last worked at this occupation (month and year) <u>June 1933</u>	11. Total time (years) spent in this occupation <u>29 yrs</u>

12. BIRTHPLACE (city or town)
(State or country) Md13. NAME Joshua Albaugh14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Susanna Haldge16. BIRTHPLACE (city or town)
(State or country) Md17. INFDRMANT Mrs Sarah C. Albaugh
(Address) Liberty Town Md

18. BURIAL, CREMATION, OR REMOVAL

Place Gurneyton Cemetery Date Jan 22, 193519. UNDERTAKER Powell & Albaugh
(Address) Liberty Town Md20. FILED Jan 21, 1935 - 718 Death Certificate
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan - 19th, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from May - 1935 to Jan 19th, 1935I last saw deceased alive on Jan 19th, 1935; death is said to have occurred on the date stated above, at 10 45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-Sclerosis

Date of onset

May 5, 1933

Other Contributory Causes of importance:

Aphoplexy -Jan 16

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

Otis B. Stone

M. D.

(Signed) Otis B. Stone
(Address) Liberty Town Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

(b) WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. —Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00476

1. PLACE OF DEATH

County Frederick
Village or City Burkettsville

(112)

Registration Dist. No. 141

St.,

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Elizabeth Arnold

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARIED</u>
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5a. If married, widow, or divorced
HUSBAND of (or) WIFE ofWillard Arnold6. DATE OF BIRTH (month, day, and year) Aug 6 1861

7. AGE Years <u>73</u>	Months <u>5</u>	Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>
--

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
--

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town) (State or country) <u>Md</u>

13. NAME <u>Wm Pearl</u>

14. BIRTHPLACE (city or town) (State or country) <u>Md</u>

15. MAIDEN NAME <u>Margaret A. Staley</u>

16. BIRTHPLACE (city or town) (State or country) <u>Md</u>

17. INFORMANT <u>Liz Arnold</u> (Address) <u>Burkettsville 2nd</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>Burkettsville</u> Date <u>Jan 27, 1935</u>
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19. UNDERTAKER <u>Off 227 2nd</u> (Address) <u>Baltimore Md</u>
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20. FILED <u>Jan 20, 1935</u> <u>John H. Braggs</u> (Address) <u>Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 23

(Month) (Day), 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Jan 23, 1935 to Jan 23, 1935

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Considerable congestion about the lungs Date of onset
Congestion of lungs Cough
Heart failure Cyanosis

Died 10 months after marriage

Other Contributory Causes of importance:

Senile heart failure No organic heart trouble
A very large woman advanced in years Lungs

Name of operator _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Leonie Kest(Address) Baltimore Md M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00477

1. PLACE OF DEATH

County Frederick
 Village or City Frederick

within the Corporate Limits.

82-a

Registration Dist. No. 131

Length of residence in city or town where death occurred LifeNo. 107 W. 6th

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Frances Barnes(a) Residence: No. 107West 6th

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFEAndrew Barnes

6. DATE OF BIRTH (month, day, and year)

9-26-1863

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

72

3

25

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Housewife9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 1-20/3511. Total time (years)
spent in this
occupation Life12. BIRTHPLACE (city or town)
(State or country)Maryland

MOTHER FATHER

13. NAME Amos Myles14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Mary Lee.16. BIRTHPLACE (city or town)
(State or country) Maryland.17. INFIRMARY
(Address) 107 West 6th St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cem. Date 1-26, 193419. UNDERTAKER Conrad Funeral Home
(Address) Frederick Md.20. FILED 24 Jan., 1935 J. J. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

1 - 23

(Month)

(Day)

1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

1-22-35, 1935, to 1-23, 1935; death is said

to have occurred on the date stated above, at 8:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral hemorrhage

Date of onset

1-22-35

Other Contributory Causes of importance:

Entourage

Name of operation ...

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury ..., 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. G. Bourne Jr.
(Address) Frederick, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00479

1. PLACE OF DEATH

County FrederickVillage or City FrederickLength of residence in city or town where death occurred 27 yrs.

mos.

ds. How long in U. S. if of foreign birth? _____ yrs.

mos. ds.

(59)

Registration Dist. No. 131No. East of Frederick St., Ward

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lewis Edgar Betson(a) Residence: No. East of Frederick St., Ward(Usual place of abode) Outside

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White 4. COLOR OR RACE5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MARRIED5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDora H. Betson

6. DATE OF BIRTH (month, day, and year)

Ape 1 1885

7. AGE Years 49 Months 9 Days 19 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Collator for
Bank

Date of onset

1/19/35

was dead

when I saw

him at home

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 1/19/3511. Total time (years)
spent in this
occupation 3 yrs12. BIRTHPLACE (city or town)
(State or country)Frederick Co MD13. NAME Mrs H. Betson14. BIRTHPLACE (city or town)
(State or country)Harmony Grove MD15. MAIDEN NAME Ananda Pirday16. BIRTHPLACE (city or town)
(State or country)Parkville MD17. INFORMANT Mrs L.E. Betson(Address) Frederick MD

18. BURIAL, CREMATION, OR REMOVAL

Place not observed Date 1/22, 193519. UNDERTAKER B. E. Oliver & Son(Address) Frederick MD20. FILED 21 Jan, 1935 Dr. Dr. J. A. KirbyRegistr. ✓

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 19th, 1935 (Month) (Day) (Year)I HEREBY CERTIFY That I attended deceased from January 17th, 1935, to January 19th, 1935I last saw him alive on January 17th, 1935; death is said to have occurred on the date stated above, at 9:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Indigestion. Eat a very heavy suff. in the afternoon of day of death. Worked very hard in especially from his auto, when was taken to house to sleep.

Other Contributory Causes of importance: Was a very heavy eater, has treated him for this case Diabetes mell. for 3 years, was improving satisfactorily.

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 19Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify ✓(Signed) Charles F. Lovell M. D.(Address) 132 Market St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. G. S. Steele

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06480

1. PLACE OF DEATH.

County FrederickVillage or City Woodstock

93c

Registration Dist. No. 140

St., Ward

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Daniel B Biddinger

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

2t.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofVirginia S Davis

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 65 Months 7 Days 3 If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

day laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Farm work

10. Date deceased last worked at this occupation (month and year)

Sept 1934 11. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town)
(State or country)Md.13. NAME David Biddinger14. BIRTHPLACE (city or town)
(State or country)Md.15. MAIDEN NAME Mary J. Harris16. BIRTHPLACE (city or town)
(State or country)Md.17. INFORMANT Mrs. Daniel B Biddinger
(Address) Woodstock Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Union Chapel Date Jan 18, 193519. UNDERTAKER Powell & Glaugh
(Address) Woodstock Md.20. FILED 1/18 1935 C. Howell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan.161935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan 14 1935 to Jan 16 1935; death is saidto have occurred on the date stated above, at Woodstock Md.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis Z

Other Contributory Causes of importance:

Acute dilatation of heart Jan 16 1935

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Pediatrician M. D.
(Address) Baltimore Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CONDITONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00481

1. PLACE OF DEATH

County Frederick

Within the Corporate limits (23)

Registration Dist. No. 13

Village or City Frederick

No. 12 W. Third St.

St.

Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss. Erma Virginia Biggs

(a) Residence: No. 12 W. Third St.,

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
---------------	------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 18, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
56	10		1	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Public School

10. Date deceased last worked at this occupation (month and year) Jan 11, 35 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Milton E. Biggs

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Fannie V. Copeland

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. J. M. Culler
(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Fred Date Jan. 21, 1935

19. UNDERTAKER M. R. Etchison & Son.
(Address) Frederick, Md.20. FILED 21-Jan-1935 Dr. J. M. McCurdy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 19th., 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan 11, 1935, to Jan 19, 1935; death is said
I last saw her alive on Jan 19, 1935; death is said
to have occurred on the date stated above, at 10 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Lobar Pneumonia

Date of onset Jan 11.

Other Contributory Causes of importance:

Gastro-intestinal (Gastric)
Acute hepatitis 4 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Justin Peary
(Address) Dundalk, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06482

1. PLACE OF DEATH

County Frederick

Village or City Frederick

Within the Corporate limits

Registration Dist. No. 131

Length of residence in city or town where death occurred 61 yrs. 5 mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ira Eugene Biser
215 E. 8th.

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
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5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Waters

6. DATE OF BIRTH (month, day, and year) Aug. 17, 1873

7. AGE 61	Years	Months 5	Days 14	If LESS than 1 day, hrs. or min.
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OCCUPATION
 8. Trade, profession, or particular kind of work done, as SPINNER, COAL DEALER
 SAWYER, BOOKKEEPER, etc.
 9. Industry or business in which work was done, as SILK MILL,
 SAW MILL, BANK, etc.
 10. Date deceased last worked at 1/30/35 in this occupation (month and year)
 11. Total time (years) 40 spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER
 13. NAME Jonathon Biser
 14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER
 15. MAIDEN NAME Catherine Hill
 16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mr. Reginal A. Biser,
(Address) Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Middletown, Md. Date Feb. 3, 18519. UNDERTAKER M. R. Etchison & Son,
(Address) Frederick, Md.20. FILED Feb. 1935 Dr. J. McCandy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 31, 1935, 1935

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan. 31, 1935, to Jan. 31, 1935. I last saw him alive on Jan. 31, 1935; death is said to have occurred on the date stated above, at 10:30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Occlusion
 Patient died on my arrival,

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

M. D.
Dr. J. McCandy
Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00483

1. PLACE OF DEATH

County Frederick

107-a

Registration Dist. No.

132

Village or City Middletown

St.

Ward

Length of residence in city or town where death occurred yrs.

Nd.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Charles Boileau

(a) Residence: Nd.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male White Married

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

Rudy

Mary Baileau

6. DATE OF BIRTH (month, day, and year)

Mar. 21, 1875

7. AGE

Years
59Months
9Days
15If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 1934 Dec.11. Total time (years)
spent in this
occupation 40

12. BIRTHPLACE (city or town)

Middletown

(State or country) Md.

MOTHER FATHER

13. NAME Charles E. Boileau

14. BIRTHPLACE (city or town) Middletown

(State or country) Md.

15. MAIDEN NAME Ann Rebecca Gauer

16. BIRTHPLACE (city or town) Middletown

(State or country) Md.

17. INFDRMT

(Address) Middletown

18. BURIAL, CREMATION, OR REMOVAL

Reformed Cemetery

Place Middletown

Date Jan. 8, 1935

19. UNDERTAKER

Ray C. Madill

(Address) Middletown

20. FILED

Jan. 8, 1935 Dr. George Samuels

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan
(Month)6th
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 30th, 1934, to Jan. 6th, 1935; death is saidI last saw him alive on Jan. 6th, 1935; death is said

to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Pneumonia

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. V. Haasen

M. D.

(Address)

Middletown

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

73-2

1. PLACE OF DEATH

County Frederick

Village or City Frederick

Length of residence in city or town where death occurred 3 yrs.

Registration Dist. No. 131

St.

Ward

No. Maryland I. O. O. F. Home

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Missouri Bomberger

(a) Residence: No. N. Market St. Extd. Frederick, Md. Williamsport, Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
---------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Bomberger

6. DATE OF BIRTH (month, day, and year) May 17, 1855

7. AGE Years 79	Months 7	Days 28	If LESS than 1 day, hrs. or min.
-----------------	----------	---------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year) 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME George Kendall.

Maryland
(State or country)

14. BIRTHPLACE (city or town) Caroline Goref

Maryland
(State or country)17. INFORMANT Md. I. O. O. F. Home Records
(Address) Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Williamsport, Md. Date Jan. 17, 193519. UNDERTAKER M. R. Etchison & Son.
(Address) Frederick, Md.20. FILED Jan. 16, 1935 Dr. Dr. J. McCuskey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 15th.

5

(Month) (Day), 1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan. 1, 1935, to Jan. 15, 1935

I last saw her alive on Jan. 15, 1935; death is said to have occurred on the date stated above, at 12:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial insufficiency Date of onset
Arteriosclerosis Date of
Sclerosis

Other Contributory Causes of importance:

Arteriosclerosis
Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) *A. Justin Pearse* M. D.(Address) *Frederick, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00485

1. PLACE OF DEATH

County Frederick

Within the Corporate limits of

107-a

Registration Dist. No. 131

Village or City Frederick

St.

Ward

Length of residence in city or town where death occurred

5

No. 112 Ece

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Marie Bowie

(a) Residence: No. 112 Ece

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 16, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
		5	213	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Austin T. Bowie

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Nellie Weedon

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. Austin T. Bowie
(Address) Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL Bartonsville Cemetery
Place Bartonsville, Md. Date 1/31, 193519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED 31-Jan-1935 Dr. J. M. Candy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 29th,

(Month)

(Day)

1935

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

last saw him alive on January 29, 1935, to January 29, 1935;

death is said to have occurred on the date stated above, at 9 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Death Brackets from me
(Primary)

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *J. M. Candy*

M. D.

(Address) *Frederick, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00486

1. PLACE OF DEATH

County Frederick

186-a

Registration Dist. No. 137

Village or City Liberty Town

No.

St.

Ward

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E Broggs

(a) Residence: No.

St. Ward.

(If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widow

5e. If married, widowed, or divorced

HUSBAND or
(or) WIFE of

Adolphus Broggs

6. DATE OF BIRTH (month, day, and year)

Sept - 6 - 1847

7. AGE

Years

87

Months

4

Days

21

It LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Sept - 33

Housewife

11. Total time (years) spent in this occupation

Sept - 33

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER FATHER

13. NAME

Mayo Fogle

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Susan Fogle

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

William Sappington

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Linganore Cemetery

Date Jan 29th, 1938

19. UNDERTAKER

Powell & Albright

(Address)

20. FILED

Jan 29, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan

27th

1935

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1933, to Jan 27, 1938

I last saw her alive on Jan 26, 1935; death is said

to have occurred on the date stated above, at 8:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture of neck of Femur Jan 25

Other Contributory Causes of importance:

Aortic Stenosis with decompensation Oct 33

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Accident

Date of injury Jan 25, 1938

Where did injury occur? Liberty Town Frederick Co Md

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

In home

A fall on the floor

Manner of injury

Fracture of Femur

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

This is stone

(Signed)

Liberty Town Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06487

1. PLACE OF DEATH

County Frederick

Village or City Point of Rocks

Registration Dist. No. 130

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Virginia Brown

(a) Residence: No.

(Usual place of abode)

St. Ward Point of Rocks, Maryland

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of G. Frank Brown

6. DATE OF BIRTH (month, day, and year) July 7, 1863

7. AGE	Years 71	Months 6	Days 13	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife
---	-----------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	At Home
--	---------

10. Date deceased last worked at this occupation (month and year)	Oct. 1934	11. Total time (years) spent in this occupation	30
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12. BIRTHPLACE (city or town)
(State or country) Virginia

13. NAME J. P. Wright

14. BIRTHPLACE (city or town)
(State or country) Virginia

15. MAIDEN NAME Sarah Divine

16. BIRTHPLACE (city or town)
(State or country) Virginia17. INFORMANT G. Frank Brown
(Address) Point of Rocks, Maryland18. BURIAL, CREMATION, OR REMOVAL St. Paul's Cemetery
Place Point of Rocks Md. Date 1/20/35, 1919. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED January 18, 1935 T. Clyde Routson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 17, 1935 (Month Day Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 1934 to Jan 16, 1935; death is said

to have occurred on the date stated above, at 5:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage Jan 6-35
Arteriosclerosis 1930
Hypertension 1930
Chronic Myofibritis Duration: not stated. Onset: Jan 1935

Other Contributory Causes of importance:

Gangrene both feet Jan 1935

Name of operation

Date of
What test confirmed diagnosis Blood Pressure, Urine, etc.
Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel E. Hobey M. D.

(Address) Adamsators MD

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00488

1. PLACE OF DEATH

County

Frederick

79-a

Registration Dist. No.

136

Village or City

Hope Hill

Length of residence in city or town where death occurred

yrs. 4

mos. 3

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Hope Hill

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 7th 1934

7. AGE Years 0 Months 4 Days 8 6 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

None

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Hope Hill

Md.

13. NAME Lloyd Daniel Brown

14. BIRTHPLACE (city or town)
(State or country)

Thornton

Md.

15. MAIDEN NAME Marie Elizabeth Lee

16. BIRTHPLACE (city or town)
(State or country)

Hope Hill

Md.

17. INFORMANT Lloyd D Brown

Frederick Rd #2

18. BURIAL, CREMATION, OR REMOVAL

Hope Hill Cemetery Jan 13, 1935

Date

19. UNDERTAKER M. R. Etchison & Son

Frederick, Md.

20. FILED Jan 13, 1935 G.C. Andrusky

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 12, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 15, 1934, to Jan 12, 1935

I last saw him alive on Jan 10, 1935, death is said

to have occurred on the date stated above, at 12:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cerebral hemorrhage of face Jan 7-35

Other Contributory Causes of importance:

Abscess of rt upper eyelid Jan 8-35

Femoral meningitis Jan 11-35

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19-

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel C. Hope M.D.

(Address) 111 W. Baltimore St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00489

1. PLACE OF DEATH

County FrederickVillage or City FrederickLength of residence in city or town where death occurred 15 yrs.

942

Registration Dist. No.

131

No. Montevue Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Peter Mathias Butcher(a) Residence: No. W. Saint

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary Diggs

1878

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 57 Months - Days - If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) Dec 31 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town)
(State or country)Maryland

MOTHER FATHER

13. NAME Charles Butcher14. BIRTHPLACE (city or town)
(State or country)Maryland15. MAIDEN NAME Louisa Williams16. BIRTHPLACE (city or town)
(State or country)Maryland

17. INFORMANT

Mrs. Jennie Temple
(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bartonsville, Md. Date Jan 3, 1935

19. UNDERTAKER

M. R. Atchison & Son
(Address) Frederick, Md.

20. FILED

Date 2 Jan 1935 Dr. Dr. C. C. Cushing
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 1, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 1, 1935, to Jan 1, 1935.
I last saw him alive on Jan 1, 1935; death is said
to have occurred on the date stated above, at 11 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Coronary Thrombosis Date of onset Jan 1, 1935

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

R. O. Thomas M. D.
Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED

JULY 10 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED

JULY 10 1927

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County FrederickVillage or City Frederick

93-C

Registration Dist. No.

131

No. 205 Rockville Terrace WardLength of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? mos. ds.2. FULL NAME Charles Albertus Castle(a) Residence: No. 205 Rockville Terrace Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAnnie Castle.

6. DATE OF BIRTH (month, day, end year)

Feb. 25 1851

7. AGE

Years
83Months
9Days
16If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BDOKEEKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Retired192411. Total time (years)
spent in this
occupation55

12. BIRTHPLACE (city or town)

(State or country)

BolivarMd.13. NAME Daniel Castleof Dr.

14. BIRTHPLACE (city or town)

(State or country)

Frederick Co.Md.15. MAIDEN NAME Susan Routzahn

16. BIRTHPLACE (city or town)

(State or country)

Frederick Co.Md.

17. INFORMANT

(Address)

Place Not at homeDate Jan. 13, 1935Frank A. CastleFrederick Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Not at homeDate Jan. 13, 19356 E. Cline & SonFrederick Md.

19. UNDERTAKER

(Address)

20. FILED

Jan. 12, 1935

Dr. Frank A. Curly,

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan101935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY

That I attended deceased from

Jan. 10, 1935to Jan. 10, 1935Last saw him alive on Jan. 10, 1935

death is said

to have occurred on the date stated above, et al. 4:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Chronic bronchitisChronic nephritisChronic heart diseaseChronic bronchitisChronic nephritisChronic heart disease

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00491

1. PLACE OF DEATH

County Frederick

(9)

Registration Dist. No. 182Village or City Middleton

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Lucinda E. Coblenz

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Female white widowed5a. If married, widowed, or divorced
HUSBAND or (or) WIFE ofEdward E. Coblenz

6. DATE OF BIRTH (month, day, and year)

Sept. 22 1847

7. AGE

89

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 1920 July11. Total time (years)
spent in this
occupation 60

12. BIRTHPLACE (city or town)

(State or country)

Middleton

MOTHER FATHER

13. NAME

Daniel Fobell

14. BIRTHPLACE (city or town)

Middleton

(State or country)

15. MATURE NAME

Mahala Fobell

16. BIRTHPLACE (city or town)

Middleton

(State or country)

17. INFORMANT

(Address)

Edward E. Coblenz

18. BURIAL, CREMATION, OR REMOVAL

MiddletonPlace Reform Cemetery Date Jan. 14, 1935

19. UNDERTAKER

(Address)

G. H. Miller

T

20. FILED Jan 14, 1935 D. Garrison Sanner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 12th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

1920

19

to Jan 11th, 1935

19

I last saw her alive on Jan 11th, 1935; death is saidto have occurred on the date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis
with Complications

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an au'opsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R V Hauser
Middleton

M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

	Date of onset

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

	Date of onset
Peritonitis	3 days ago

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00492

1. PLACE OF DEATH

County Frederick

Village or City Frederick Montevue

1862

Registration Dist. No. 131

No. Fred. County Emergency Hospital

Ward

Length of residence in city or town where death occurred

yrs.

mos.

6

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Miss. Amanda Frances Cochran

(a) Residence: No. Near Buckeystown, Md. St. (Usual place of abode)

Outside) Near Buckeystown, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
74	6		0	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	Housework
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	1/7/35

11. Total time (years)
spent in this
occupation 6012. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Perry Cochran

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Margaret Selsam

Maryland

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Mrs. Charles Boyer,
(Address) Adamstown, Md. P. D.

18. BURIAL, CREMATION, OR REMOVAL

Place Burkittsville, Md. Date Jan. 16, 1935

19. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Md.20. FILED 6-Jan-1935 by J. H. Cudney
Registrar

21. DATE OF DEATH

Jan. 14th., 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on Jan. 13, 1935, death is said

to have occurred on the date stated above, at 12:00 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Paralysis left
dropped embolism

Accidentally fell down at long stairway

Other Contributory Causes of importance:

Fracture left humerus Jan. 8
due to an accidental fall. Embolism

Name of operation _____ Date of op. _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury _____, 19_____

Where did injury occur? _____

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Accidental fall

Nature of injury Fracture of humerus

24. Was disease or injury in any way related to occupation of deceased? 220

If so, specify

(Signed) B. O. Etchison
(Address) Frederick, Md. M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00493

1. PLACE OF DEATH

County FrederickVillage or City ThurmontLength of residence in city or town where death occurred 2 yrs. No. mos. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Mollie Emmett Crooks

(a) Residence: No.

SmithsburgSt., Ward.

(Usual place of abode)

Registration Dist. No. 144St.,

Ward

Length of residence in city or town where death occurred 2 yrs. No. mos. St., WardHow long in U.S. if of foreign birth? yrs. mos. ds.Length of residence in city or town where death occurred 2 yrs. No. mos. St., WardHow long in U.S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 1, 1866

7. AGE Years <u>68</u>	Months <u>4-</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	------------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Worked in tannery</u>	11. Total time (years) spent in this occupation <u> </u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Canning</u>	
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1931</u>	

12. BIRTHPLACE (city or town)
(State or country) Smithsburg
Maryland13. NAME Robert E. Crooks
14. BIRTHPLACE (city or town)
(State or country) Smithsburg
Md.15. MAIDEN NAME Mary C. Bachtell16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT G. Viola Stockdale
(Address) Thurmont

18. BURIAL, CREMATION, OR REMOVAL

Place Smithsburg Date Jan. 11, 193519. UNDERTAKER Willard and Creger
(Address) Thurmont20. FILED Jan. 10, 1935 Attest Anna M. Jones
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 9th, 1935 (Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1933, to Jan. 9, 1935I last saw her alive on Jan. 8, 1935; death is said to have occurred on the date stated above, at 12:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Candida ThrombosisDate of onset
Dec. 10, 1934

Other Contributory Causes of Importance:

Chronic Endocarditis
Hypertension Chronic arterosclerosis 1928Name of operation Data of What test confirmed diagnosis Physical examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify (Signed) Morris A. Bush M. D.
(Address) Thurmont Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00494

1. PLACE OF DEATH

County Frederick

Village or City Near Feagaville

106-CV

Registration Dist. No.

131

St., Ward

Length of residence in city or town where death occurred

Life

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos.

ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lavinia Maria Culler

(a) Residence: No. Near Feagaville

(Usual place of abode)

St., Ward. Near Feagaville, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of J. Henry Culler

6. DATE OF BIRTH (month, day, and year)

Sept. 18, 1842

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

92

4

7

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

At Home

10. Date deceased last worked at
this occupation (month and
year)

Sept. 1929

11. Total time (years)
spent in this
occupation 6512. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER

FATHER

13. NAME Elias Zimmerman

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME Ann Maria Greenwalt

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT Miss Lelia Culler
(Address) Feagaville, Md.18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery
Place Frederick, Md. Date 1/28, 193519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED 28 Jan. 1935 Dr. J. McCurdy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 25th,

(Month)

1935
(Year)22. I HEREBY CERTIFY, That I attended deceased from
Jan. 30, 1935, to Jan. 25, 1935; death is said
last saw her alive on Jan. 25, 1935; to have occurred on the date stated above, at 2 A.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Antemortem 1935

Other Contributory Causes of importance:

Acute Appendicitis 3 days

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Hedges M. D.

(Address) 1414 Madison Street

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00495

1. PLACE OF DEATH

County. Frederick

Village or City near Feageville, Md.

Registration Dist. No. 131

Length of residence in city or town where death occurred 60 yrs.

No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Catherine Culler

(a) Residence: No. 110 Feageville
(Usual place of abode)St. Outside near Feageville, Md.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Culler			
6. DATE OF BIRTH (month, day, and year) February 24 1854			
7. AGE Years 80	Months 10	Days 29	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home			
10. Date deceased last worked at this occupation (month and year) 12/24		11. Total time (years) spent in this occupation 60	

12. BIRTHPLACE (city or town)
(State or country) Md.

13. NAME William H. Krantz

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Julia Beavers

16. BIRTHPLACE (city or town)
(State or country) Va.

17. INFORMANT Wilbur Culler
(Address) Feageville, Md.

18. BURIAL, CREMATION, OR REMOVAL St Lukes Cem.
Place Feageville, Md. Date 1/26, 1935

19. UNDERTAKER M. R. Etchison & Son
(Address) 214 N. Market St. Fredk, Md.

20. FILED 23 Jan 1935 J. M. Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 23, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 to Jan 23, 1935
I last saw her alive on Jan 23, 1935; death is said
to have occurred on the date stated above, at 6:45 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic Hypertension Oct 15

Other Contributory Causes of importance:

Acute Bronchitis Oct 15

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) Ferguson & Peeler
(Address) 214 N. Market St. Fredk, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	1935

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County FrederickVillage or City Harmony GroveRegistration Dist. No. 131

St.

Ward

Length of residence in city or town where death occurred yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? years. mos. ds.2. FULL NAME Stillborn Delauter (6 wks)

(a) Residence: No. _____

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
	<u>w</u>	

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Jan. 10, 1935.

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Frederick Co., Md.
(State or country)13. NAME Albert Delauter14. BIRTHPLACE (city or town)
(State or country)15. MARION NAME Edith Margaret Angleberger16. BIRTHPLACE (city or town)
(State or country)Md.17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place _____ Date _____, 19____

19. UNDERTAKER
(Address)

20. FILED _____, 19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 10, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19____, to , 19____;

I last saw him alive on , 19____; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Abortion - 6 weeks

Date of onset

Other Contributory Causes of importance:

not known but she stated she had taken
drugs for cold

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

P. M. Van Pelt M.D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1931

Cerebral hemorrhage

Date of onset

July 3, 1927

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLEINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

00496

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Frederick

Registration Dist. No.

139

Village or City

State Sanatorium

Md.

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

8

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Marion E. Dill

(a) Residence: No.

1208 Cleveland

(Usual place of abode)

St.

Ward.

Baltimore, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR, OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OF

(Name of wife)

Risner Dill

6. DATE OF BIRTH (month, day, and year)

Jan. 1, 1886

7. AGE

49

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

9596

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Nov. 1934

12. BIRTHPLACE (city or town)

(State or country)

Chauffeur

13. NAME

William Dill

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Estelle Lucas

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

Marion E. Dill (on admission)
(Address) 1208 Cleveland Ave. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Md. Date unknown

19. UNDERTAKER

M. L. Creager
(Address) Thermopolis, Md.

20. FILED

4/26/35 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 24

(Month)

(Day)

1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 16, 1935, to Jan. 24, 1935.

I last saw him alive on Jan. 24, 1935; death is said to have occurred on the date stated above, at 9:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

7-34

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? chest X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Stewart J. Shaffer M.D.

(Address) State Sanatorium, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	July 5, 1927
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B--Every item of information should be carefully supplied. AGE should be given in plain terms so that it may be properly classified. Exact GAINS should state CAUSE OF DEATH in plain terms so that it may be properly classified. STATEMENT OF OCCUPATION is very important. See Instructions on back of certificate.

¹ PLACE OF DEATH
County Frederick

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 131

Village or City Frederick (No. 702) 7 Market St. Ward (115-a)

² FULL NAME Charles Wilbur Lixon

00497

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE 21.

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) Married

6 DATE OF BIRTH June 5

(Month) June (Day) 5 (Year) 1899

7 AGE 35 yrs.

If LESS than
1 day... hrs.
or min.)

7 mos. 22 ds. or min.)

8 OCCUPATION

(a) Trade, profession or particular kind of work Auto Mechanic

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country) Md

10 NAME OF FATHER

Chas W. Lixon

11 BIRTHPLACE OF FATHER

(State or country) Md.

12 MAIDEN NAME OF MOTHER

Gillie Smith

13 BIRTHPLACE OF MOTHER

(State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs C. W. Lixon
702 N. Market St.

(Address) Frederick Md.

15 Filed 29 Jan 1935 As Per J. W. Curley
T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 27

(Month) Aug

(Day) 27

(Year) 1925

17 I HEREBY CERTIFY, That I attended the deceased from Aug 24 to Aug 27, 1925, that I last saw him alive on Aug 26, 1925,

and that death occurred on the date stated above, at 7:45 P.M.
The CAUSE OF DEATH was as follows:

Coronary Occlusion,

Contributory
Secondary

(Duration) Sept 1st yrs. mo ds.

(Signed) H. Slesher

(Duration) 6 yrs. mo ds.

(Address) Frederick Md.

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death, yrs. mos. ds.

In the State life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 702 N. Market St. Frederick Md.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL
Middlebury N.C. cemetery Jan. 30, 1935

20 UNDERTAKER

ADDRESS
Burke & Albright Woodsboro MD

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"; "Ochar pneumonia", *Bronchopneumonia* ("Pneumonia",

235

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celitus*) may bestate under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A true data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00498

1. PLACE OF DEATH

County Frederick
Village or City Frederick

(94a)

Registration Dist. No. 131Length of residence in city or town where death occurred 24 yrs.No. 830 N. Market St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Philip Franklin Dudnow(a) Residence: No. 830 N. Market St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie Myers Dudnow

6. DATE OF BIRTH (month, day, and year) <u>March 8 1875</u>	7. AGE Years <u>59</u>	Months <u>10</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION <u>Carpenter</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Carpenter</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Carpenter</u>	10. Date deceased last worked at this occupation (month and year) <u>1/19/35</u>
	11. Total time (years) spent in this occupation <u>34 yrs</u>

12. BIRTHPLACE (city or town) Hyattstown Md
(State or country)13. NAME Philip C. Dudnow14. BIRTHPLACE (city or town) Harpers Ferry W. Va
(State or country)15. MAIDEN NAME Achsa A. R. Dudnow16. BIRTHPLACE (city or town) Frederick Co.
(State or country) Md17. INFORMANT Norman G. Dudnow
(Address) Hyattsville Md.18. BURIAL, CREMATION, OR REMOVAL
Place Hyattstown Md. Date January 18, 193519. UNDERTAKER E. E. Cline & Son
(Address) Frederick Md.20. FILED 15 Jan 1935 Ds. Dr. J. H. Murphy
Regist. John Murphy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 16, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935, to Jan 16, 1935. I last saw him alive on Jan 16, 1935; death is said to have occurred on the date stated above, at 6 P.M.. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina PectorisDate of onset Jan 16

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E.P. Thomas
(Address) Frederick Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13-58
January 13, 1938

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00499

1. PLACE OF DEATH

County Frederick

Village or City Emergency Hospital, Greencastle Co., Md.

45-2

Registration Dist. No. 131

St. 131

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 11 mos. 11 ds. How long in U. S. if of foreign birth? Unknown ds.

2. FULL NAME Joseph Ursoske

(a) Residence: No. 2225 Elm St., Ward. 131, Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
1 day, _____ hrs.
or _____ min.

50?

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME Michael Ursoske

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Sadie Niski

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT James A. Jones, Jr.
(Address) Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Montrose Cemetery Data Jan 29, 193519. UNDERTAKER Jones & Jones, Jr.
(Address) Montrose Cemetery, Frederick, Md.20. FILED Jan 29, 1935 Dealing with County
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 28, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1934, to Jan 28, 1935.

I last saw him alive on Jan 27, 1935; death is said to have occurred on the date stated above, at 5:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause of death

Lower respiratory disease

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury _____, 19_____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) B. D. Hammer M. D.

(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00500

1. PLACE OF DEATH

County

Frederick

108

Registration Dist. No.

130

Village or City

W. Dickerson

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female White married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Vernon Elyer

6. DATE OF BIRTH (month, day, and year)

Dec 9 1895

7. AGE

Years

39

Months

1

Days

1

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

House wife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Data deceased last worked at
this occupation (month and
year)

1/24 35

11. Total time (years)
spent in this
occupation

21

12. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER

FATHER

13. NAME Chas. Warner

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME Mary J. Cushing

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Vernon Elyer

Widower Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Laytonsville

Date

2/2 1935

19. UNDERTAKER

(Address)

Hollowell & Price

Baltimore Md

20. FILED

Jan 31, 1935

S. Clyde Robertson

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan

(Month)

31

(Day)

1935

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

June

1931

to

Jan

1935

I last saw her alive on Jan 29, 1935; death is said

to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Sobar Pneumonia Jan 25, 1935

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Samuel E. Hobson

M. D.

(Address)

Adamsburg

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborex" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

00501

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Frederick*Village or City *near Knobsville*Length of residence in city or town where death occurred *37 yrs.*

44-P

Registration Dist. No. *14*

St., Ward

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Anne Eliza Fumble*

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <i>widow</i>
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5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF *Meredith Fumble*6. DATE OF BIRTH (month, day, and year) *Apr 1 1867*7. AGE Years *66* Months *9* Days *7* If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <i>Housewife</i>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <i>X</i>
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) *Md*13. NAME *Peter Grey*14. BIRTHPLACE (city or town)
(State or country) *Md*15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town)
(State or country) *Arthur Fumble*17. INFORMANT *Arthur Fumble*
(Address) *widower Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Knobsville* Date *Jan 12, 1885*19. UNDERTAKER *Coffin & Son*(Address) *Brunswick Md*20. FILED *Jan 9, 1935*

Mr. H. S. Judge

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Jan 8, 1935*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, that I attended deceased from

Aug 19, 1934, to Jan 8, 1935. I last saw h. d. alive on Jan 8, 1935. death is said to have occurred on the date stated above, at 12 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Pancreas Liver

Date of onset

Other Contributory Causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William Schreyer D.*
(Address) *Baltimore, Maryland*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00502

1. PLACE OF DEATH

County Frederick
Village or City Gay Hill

(2-a)

Registration Dist. No. 140

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Albert Flory

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
-----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Flory6. DATE OF BIRTH (month, day, and year) March 14, 18647. AGE Years 70 Months 10 Days 6 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) January 1935 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Albert Flory14. BIRTHPLACE (city or town)
(State or country) Penns.15. MAIDEN NAME Alice Harbaugh16. BIRTHPLACE (city or town)
(State or country) Penns.17. INFORMANT Archie L. Flory
(Address) Woodlawn Md.18. BURIAL, CREMATION, OR REMOVAL
Place Emmetsburg Md Date Jan 23, 193519. UNDERTAKER G O French Sons
(Address) Garage & Garage and20. FILED Jan 21, 1935 Elmer Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 20, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

dead or alive on Dec 20 arrival, 1935 to death is said to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic pulmonary disease of heart

Other Contributory Causes of importance:

Acute dilatation of heart

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Redfield Roddy M. D.(Address) Delona Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00503

1. PLACE OF DEATH

County FederalsVillage or City Unionville

M-6

Registration Dist. No. 137

St.

Ward

Length of residence in city or town where death occurred 15 yrs.No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Grover Guy Garvin

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced,

HUSBAND of

(or WIFE of

Judie Garvin6. DATE OF BIRTH (month, day, and year) Och, 15th 1884

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>2</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmed9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc., 10. Date deceased last worked at this occupation (month and year) Nov 1934II. Total time (years) spent in this occupation 25 yrs12. BIRTHPLACE (city or town) Md
(State or country)13. NAME Adam Garvin14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Jessie Rinchaak16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Mrs. Jim Purdum
(Address) 1st Ave, Md18. BURIAL, CREMATION, OR REMOVAL
Place Locus of Corpse, Date Jan 6th, 193519. UNDERTAKER Powell & Albaugh
(Address) Liberty Town20. FILED Jan 5, 1935 - M. D. Burman
Registrar. J. L. Burman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 4th

(Month)

(Day)

(Year) 193522. I HEREBY CERTIFY, That I attended deceased from Dec - 6th 1934, to Jan 4th, 1935I last saw him alive on Jan 3rd, 1935; death is said to have occurred on the date stated above, at 12th a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of LiverDate of onset Jan 3rd

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Otis B. Stone
(Address) Liberty Town

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00504

1. PLACE OF DEATH

County FrederickVillage or City Middletown

(10)

Registration Dist. No.

132

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Tressler Thomas Gladhill

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofLola M. Gladhill6. DATE OF BIRTH (month, day, and year) 1-18-1874

7. AGE

Years 60 Months 11 Days 18 If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER, F. T. undertaker
SAWYER, BOOKKEEPER, etc. Furniture Dealer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) OCT 1934 11. Total time (years)
spent in this
occupation 26

12. BIRTHPLACE (city or town)

(State or country) Marysville Maryland

MOTHER

FATHER

13. NAME Daniel Gladhill14. BIRTHPLACE (city or town) Marysville
(State or country) Maryland15. MAIDEN NAME Mary Elizabeth Tressler16. BIRTHPLACE (city or town) Marysville Md.
(State or country)17. INFORMANT Lola M. Gladhill
(Address) Middleton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Boonsboro Date 1-8, 193519. UNDERTAKER Wm F. Bash Sons
(Address) Boonsboro Md.20. FILED Jan 8, 1935 D. Gandyson Sanner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan
(Month)6
(Day)1935
(Year)22. I HEREBY CERTIFY, That I attended deceased from
Dec 24, 1934, to Jan 6, 1935I last saw him alive on Jan 6, 1935; death is said
to have occurred on the date stated above, et. 2 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Data of onset

Acute lobar pneumonia
probably (Streptococcus)

Other Contributory Causes of Importance:

Septicemia - Septicemia
Rheumatic Arthritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Jack L. Mateo
Marysville Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00505

1. PLACE OF DEATH

County FrederickVillage or City State Sanatorium

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth?

yrs.

mos.

St.

Ward

23

Registration Dist. No.

139

2. FULL NAME

Grace Gordon

(a) Residence: No.

3402 Glenmore Ave

Ward.

(Usual place of abode)

Baltimore, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>female</u>	<u>white</u>	<u>married</u>

6a. If married, widowed, or divorced
(or) WIFE ofGlen Gordon

6. DATE OF BIRTH (month, day, and year)

Oct. 12, 1908

7. AGE

Years
26

Months

3Days
10If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Housewife9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)May 193411. Total time (years)
spent in this
occupation
5 yrs12. BIRTHPLACE (city or town)
(State or country)Maryland

13. NAME

Robert Stoyle14. BIRTHPLACE (city or town)
(State or country)Wash. D. C.

15. MAREN NAME

Elizabeth E. Rowe16. BIRTHPLACE (city or town)
(State or country)Wash. D. C.

17. INFORMANT

Grace Gordon (on admission)

(Address)

3402 Glenmore Ave. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore, Md. Unknown

19. UNDERTAKER

(Address)

M. L. CreagerT. H. Morrison, Md.

20. FILED

(Address)

Jan 22, 1935C. E. Shields

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 22, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1934, to Jan 22, 1935I last saw her alive on Jan 22, 1935; death is said
to have occurred on the date stated above, at 10:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary Tuberculosis

Date of onset

1934

Other Contributory Causes of importance:

Name of operator

none

Date

What test confirmed diagnosis? chest X-ray, sputum

Date

1935

Was there an autopsy?

no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Stewart S. Shaffer

M. D.

(Address) State Sanatorium

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00506

1. PLACE OF DEATH

County... Frederick

Village or City... Frederick

Length of residence in city or town where death occurred 40 yrs.

53d

Registration Dist. No. 131

St., Ward

No. 211 West Patrick (If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Henry Greenwalt

(a) Residence: No. 211 W. Patrick, St.

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Delia Blentlinger

6. DATE OF BIRTH (month, day, and year) July 22, 1869

7. AGE	Years 65	Months 6	Days 2	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. Cabinet Maker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) Jan. 1934 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Wilson Greenwalt

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Salome Smith

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Isaac W. Greenwalt
(Address) Frederick, Maryland18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery
Place... Frederick, Md. Date 1/26, 193519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED 25 Jan 1935 D. J. McCandy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 24th, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan 1, 1935, to Jan 24, 1935; I last saw him alive on Jan 24, 1935; death is said to have occurred on the date stated above, at 3 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Sarcoma of Scapula

Date of onset
Jan 1

Other Contributory Causes of importance:

Metastasis
to LiverDate of
Jan 1Name of operation... Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury... 19...

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury...

Nature of Injury...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify...

(Signed) A. Justin Pearson M. D.
(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00507

1. PLACE OF DEATH

County Frederick
 Village or City Thurmont

93-e

Registration Dist. No. 144

St.

Ward

Length of residence in city or town where death occurred 60 yrs.
 No. _____
 If death occurred in a hospital or institution, give its NAME instead of street and number
 mos. _____ ds. How long in U.S. if of foreign birth? yrs. _____ mos. _____ ds.
2. FULL NAME Sarah Elizabeth Grimes(a) Residence: No. Thurmont

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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 5a. If married, widowed, or divorced
 HUSBAND of Warner T. Grimes
 (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Jan. 27th. 1846

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>88</u>	<u>II</u>	<u>II</u>	

 OCCUPATION Housework
 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

 10. Date deceased last worked at this occupation (month and year) Dec. 31 11. Total time (years) spent in this occupation 60
12. BIRTHPLACE (city or town) Near Emmitsburg
(State or country) Md13. NAME Wm. Hesson.14. BIRTHPLACE (city or town) Littlestown.
(State or country) Pa15. MAIDEN NAME Catherine Hahn.16. BIRTHPLACE (city or town) Littlestown
(State or country) Pa.17. INFORMANT Miss Addie C. Grimes
(Address) Thurmont MD18. BURIAL, CREMATION, OR REMOVAL
Place Thurmont U.B.Cem. Date Jan. 11, 193519. UNDERTAKER M. L. Creager & Son.
(Address) Thurmont MD20. FILED Jan. 10, 1934 Anna M. Jones
(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 8, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Dec. 27, 1935, to Jan. 8, 1935.
 I last saw her alive on Jan. 8, 1935; death is said to have occurred on the date stated above, at 9 A.M.
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart Failure accident
to relieve myocarditis

Date of onset Dec. 27, 1935

Other Contributory Causes of importance:

Acute bronchitisName of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 1935

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury DeathNature of injury Heart failure24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Janet May
(Address) Thurmont MD

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00508

1. PLACE OF DEATH

County FrederickVillage or City Frederick

Length of residence in city or town where death occurred

Within the Incorporated Village

157-C

Registration Dist. No. 31N^d. Frederick City, Md., S.P., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length in U. S. if of foreign birth? yrs. mos. 2 ds.

mos. 0 ds.

2. FULL NAME James Grove Jr. (Infant)(a) Residence: No. 107 W. 2nd

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

Jan 21 35

7. AGE

Years

0

Months

0

Days

2

If LESS than

1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.none9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)FrederickMaryland

MOTHER FATHER

13. NAME James Henry Grove Jr.14. BIRTHPLACE (city or town)
(State or country)FrederickMaryland15. MAIDEN NAME Virginia Harley16. BIRTHPLACE (city or town)
(State or country)DefianceOhio17. INFORMANT James H. Grove Jr.
(Address) Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan 23, 193519. UNDERTAKER Harry E. Early Jr.
(Address) Frederick, Md.20. FILED 23-Jan-1935 - J. McElroy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan23

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 21, 1935, to Jan 23, 1935I last saw h. 117 alive on Jan 23, 1935; death is said
to have occurred on the date stated above, at 5 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Congenital heart
disease.

Date of onset

Other Contributory Causes of importance:

none

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. W. Barr

M. D.

(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH					00509
1. PLACE OF DEATH County <u>Fredericks</u>					(131)
Village or City <u>Doubt</u>					Registration Dist. No. <u>130</u>
Length of residence in city or town where death occurred <u>6</u> yrs. <u>6</u> mos. <u>6</u> ds.					St., Ward
					(If death occurred in a hospital or institution, give its NAME instead of street and number)
					How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME <u>Mrs. Sarah Elizabeth Hall</u>					If nonresident give city or town and State
(a) Residence: No. <u>Maine St.</u> St., Ward.					
(Usual place of abode)					
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Widow</u>	21. DATE OF DEATH <u>January 28th, 1935</u> (Month) <u>January</u> (Day) <u>28</u> (Year) <u>1935</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Nathan Hall</u>					
6. DATE OF BIRTH (month, day, end year) <u>1869</u>					
7. AGE <u>66 9</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION <u>Domestic</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Domestic</u>				Date of onset
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Domestic</u>				
	10. Date deceased last worked at this occupation (month and year) <u>11/34</u>	11. Total time (years) spent in this occupation <u>50</u>			
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>				
	13. NAME <u>Salomon Delauter</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>				
	15. MAIDEN NAME <u>Isabell Waymon</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>				
	17. INFORMANT <u>Mrs. R. V. Lawson</u> (Address) <u>Doubt, Md</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Point of Rocks</u> Date <u>Jan. 30, 1935</u>				
	19. UNDERTAKER <u>M. R. Etchison & Son</u> (Address) <u>Fredericks, Md</u>				
	20. FILED <u>Jan. 30, 1935</u> I. C. R. R. R. Registrar				
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00510

1. PLACE OF DEATH

County Frederick

Within the Corporate limits

Registration Dist. No. 131Village or City FrederickNo. Transient Center

St., Ward

Length of residence in city or town where death occurred

yrs. 7 mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

John W. Halvin(a) Residence: No. Transient Center 8th St., Ward.Philadelphia, Pa.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (with the word)MalewhiteSingle6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 25, 1877

7. AGE

Years 57Months 5Days 8If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Jan 193411. Total time (years)
spent in this
occupation 25 yrs.LaborNowhere

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Frederick Transient Records

(Address)

Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Montevue Jan.

Place

Frederick, Md.

Date

Jan 29, 1935

19. UNDERTAKER

M. R. Etchison & Son

(Address)

Frederick, Md.

20. FILED

28-Jan-1935 Dr. J. H. Murphy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 26

(Month) (Day), (Year)

22. I HEREBY CERTIFY, That I attended deceased from
Dec. 15 1934 to Jan. 26, 1935I last saw him alive on Jan. 25, 1935; death is said
to have occurred on the date stated above, at 11:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary Tuberculosis 1930?

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____

Date of Injury _____, 19 ____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. O. Thomas M. D.
(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00511

1. PLACE OF DEATH

County

Frederick Sabillasville

93-c

Registration Dist. No.

139

Village or City

Length of residence in city or town where death occurred

30 yrs.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Sabillasville

St.,

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male White Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 28-1873

7. AGE Years Months Days If LESS than
1 day, ____ hrs.
or ____ min.61 06 15 — 1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Mech. 30 Total time (years)
spent in this
occupation 3012. BIRTHPLACE (city or town)
(State or country)Near Sabillasville
Md

13. NAME Stanford H. Harbaugh

Near Sabillasville
Md14. BIRTHPLACE (city or town)
(State or country)Near Sabillasville
Md

15. MAIDEN NAME Catherine McClain

Near Sabillasville
Md

17. INFORMANT Mrs Ruth A. Harbaugh

Sabillasville Md

18. BURIAL, CREMATION, OR REMOVAL

Burial Blue Ridge Date Jan 6 1935

19. UNDERTAKER M. T. Treadger Son

Thurmont Md

20. FILED 1/5 1935 Blue Ridge

21. DATE OF DEATH

t
(Month)3
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 17, 1931, to 1-3-1935.

I last saw him alive on 12-19-1934; death is said
to have occurred on the date stated above, at 8:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Myocarditis
Date of onset

Other Contributory Causes of importance:

Hemoptysis
right side

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. C. Bixby, M.D.

(Address) Blue Ridge

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11

STATE OF MARYLAND—CERTIFICATE OF DEATH

00512

1. PLACE OF DEATH

County Frederick WITHIN CORPORATE LIMITS OF

(b7-a)

Registration Dist. No.

131

Village or City FrederickNo. Redeem City Holy St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Graves Frede Co., Md. Outside WardGrove Frede Co., Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Widowed

5a. If married, widowed, or divorced

HUSBAND OF

(or wife of)

Nettie E. Harley (Dead)

6. DATE OF BIRTH (month, day, and year)

Oct-16-1876

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

58

2

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Executive (office)
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Graves LIME & STONE PLANT
 10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town)

Burkittsville
(State or country) Maryland

MOTHER FATHER

13. NAME

Dr. Thomas Edwards Harley

14. BIRTHPLACE (city or town)

Hillsboro
(State or country) Ohio

15. MAIDEN NAME

Catherine B. Wiener

16. BIRTHPLACE (city or town)

Frederick
(State or country) Maryland

17. INFORMANT

Miss Katherine Harley
(Address) Frederick, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: at Olivet Cem. Date: Jan 16, 1935

19. UNDERTAKER

Harry E. Early Co
(Address) Frederick, Maryland

20. FILED

Date: 15-Jan-1935 Dr. Dr. H. C. Curley
Registered

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH

Jan 16
(Month) 1935
(Day) 1935
(Year)

I HEREBY CERTIFY, That I attended deceased from

6-Jan-1935 to 16-Jan-1935; I last saw him alive on 15-Jan-1935; death is said to have occurred on the date stated above, et. 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Respiratory
Obstruction. Date of onset 6-Jan-1935

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Disease _____(Signed) H. C. Curley M. O. _____(Address) Frederick, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Preeise statement of oocupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this seetion for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic serviee for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the oocupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more preeise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact oocupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00513

1. PLACE OF DEATH

County Frederick

(23)

Registration Dist. No.

139

Village or City State Sanatorium Md.

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

6

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Thomas Eugene Hargest

(a) Residence: No.

2615 Greenmount Ave. Ward. Balt. Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male white

Single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

✓

6. DATE OF BIRTH (month, day, and year)

Sept. 20, 1889

7. AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.

45

4

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Plasterer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

unknown lifetime

11. Total time (years)
spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Balt. Md.

MOTHER FATHER

13. NAME Andrew Hargest

14. BIRTHPLACE (city or town) Md.

(State or country)

15. MADIOEN NAME Ellen Woolen

16. BIRTHPLACE (city or town) Md.

(State or country)

17. INFORMANT Bessie Enay

(Address) 1227 Bonapart Ave. Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Balt. Md. Date unknown

19. UNDERTAKER M. L. Creager

(Address) Thurnmont Md.

20. FILED Jan. 27, 1935 C. E. Shuler

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 27, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Jan. 21, 1935 to Jan. 27, 1935

I last saw him alive on Jan. 26, 1935; death is said to have occurred on the date stated above, at 2:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Oct. 1934

Date of onset

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? chest X-ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Stewart S. Shaffer M. D.

(Address) State Sanatorium Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1928
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Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00514

1. PLACE OF DEATH

County

Frederick,

Village or City

Frederick Mortuary No. Emergency Dept., St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 131

2. FULL NAME

(a) Residence: No.

Siby Harris

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

Colored

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 31 - 1935

7. AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Frederick, Md

Emergency Dept

FATHER

13. NAME

William Thomas Harris

MOTHER

14. BIRTHPLACE (city or town)

(State or country)

Greenfield, Md

Adamstown, Md

15. MAIDEN NAME

Lillian Virginia Baier

16. BIRTHPLACE (city or town)

(State or country)

Adamstown, Md

17. INFORMANT

(Address)

Mrs. Lillian Harris

Adamstown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Montrose Cemetery Date: Feb. 8, 1935

19. UNDERTAKER

(Address)

James P. Jones

Frederick, Md

20. FILED

(Date)

Feb. 1935 Dr. Dr. J. McCarley

Registrar

21. DATE OF DEATH

Jan.
(Month)31
(Day)1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 31, 1935, to Jan. 31, 1935

I last saw h. alive on 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn
3 1/2 months

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B. O. Morris M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00515

1. PLACE OF DEATH

County Frederick

(23)

Registration Dist. No.

139

Village or City State Sanatorium No. md. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 9504 Jones Mill Rd. St. Ward. Cherry Chase Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Male white

widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofunknown

6. DATE OF BIRTH (month, day, and year)

Dec. 23. 1886

7. AGE Years Months Days If LESS than
48 0 17 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

4/1934 25 yrs

12. BIRTHPLACE (city or town)
(State or country)

Wash. D. C.

13. NAME

Patrick Heany

Ireland

14. BIRTHPLACE (city or town)
(State or country)

Mary Petignat

New York

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

James J. Heany

9504 Jones Mill Rd. Cherry Chase

17. INFORMANT

(Address)

Burial, Cremation, or Removal

Place Cherry Chase Md. Date unknown

18. UNDERTAKER

(Address)

19. FILED

1/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 10
(Month) (Day) 1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 13 1934 to Jan 10, 1935

I last saw him alive on Jan 9, 1935; death is said to have occurred on the date stated above, at 2:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis Dec. 1933

Other Contributory Causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Chest X-ray & Post Mortem Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Stewart J. Shaffer M. D.(Address) State Sanatorium Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00516

1. PLACE OF DEATH

County Frederick

Within the Co., ~~or town~~

107-a

Registration Dist. No. 131

Village or City Frederick

No. 27 West All Saints

St.

Ward

Length of residence in city or town where death occurred 40 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frank Holliday

(a) Residence: No. 27 West All Saints
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Hall

6. DATE OF BIRTH (month, day, end year) June 22, 1887

7. AGE Years Months Days If LESS than
47 7 3 1 day, ____ hrs.
or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bell Hop

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Jan. 1935 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Joseph Holliday

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Elizabeth ????

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. C.F. Holliday
(Address) 27 W. All Saints St. Fredk. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Em. Date 29-Jan-1935

19. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Md.20. FILED 28-Jan-1935, Dr. J. N. Curley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 25, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from 10 a.m. Jan 25, 1935 to 7:20 P.M. Jan 25, 1935

I last saw him alive on Jan 25, 1935; death is said to have occurred on the date stated above, at 7:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchial pneumonia

Date of onset
1-22-35

Exposure to cold, last note "gasping"

Other Contributory Causes of Importance:

Exposure and

Bronchitis; center, Croup

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify M. R. Etchison & Son

(Signed)

(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00517

1. PLACE OF DEATH

County Frederick
Village or City Bloomfield

83a

Registration Dist. No. 131

Length of residence in city or town where death occurred.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
life yrs. mos. ds. How long in U.S. if of foreign birth? mos. St., Ward

2. FULL NAME

Addie Catherine Holtz(a) Residence: No. Bloomfield Md. St., Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND or (or) WIFE ofGranville C. Holtz

6. DATE OF BIRTH (month, day, and year)

Oct. 24-1873

7. AGE Years <u>61</u>	Months <u>2</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>Housewife</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u></u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Frederick Co. Md.

13. NAME <u>Ezra L. Wachter</u>
14. BIRTHPLACE (city or town) (State or country) <u>Frederick Co. Md</u>

15. MAIDEN NAME <u>Julia Ann B. Steele</u>
16. BIRTHPLACE (city or town) (State or country) <u>Frederick Co. Md</u>

17. INFORMANT (Address) <u>Carl Holtz</u>
<u>Frederick Md</u>

18. BURIAL, CREMATION, OR REMOVAL Place: <u>Charlottesville</u> Date: <u>July 6, 1935</u>
--

19. UNDERTAKER (Address) <u>C. E. Collier & Son</u>
<u>Frederick Md</u>

20. FILED <u>Jan. 6, 1935</u> Dr. <u>J. M. Conley</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 4th 1935 (Month) Day Year

22. I HEREBY CERTIFY. That I attended deceased from Jan 4th 1935 to Jan 4th 1935. I last saw him alive on Jan 4th, 1935; death is said to have occurred on the date stated above, at 3 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Syphilitic
Chronic
Arteriosclerosis 1925
Cerebral Hemorrhage Jan 4th 1935

Other Contributory Causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an eu'opsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Frank H. Fleggen M.D.
Fredrick Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

00518

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County FrederickVillage or City FrederickLength of residence in city or town where death occurred Life2. FULL NAME Frank Biron Keefer
(a) Residence: No. 34 E South

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Keefer

6. DATE OF BIRTH (month, day, and year) Aug. 15 1870
7. AGE Years 64 Months 5 Days 3 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION Roofing & Plumber
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) Frederick (State or country) Md

MOTHER FATHER
13. NAME Geo. W. Keefer
14. BIRTHPLACE (city or town) Middleton (State or country) Md

15. MAIDEN NAME Mary Elizabeth Hinbury
16. BIRTHPLACE (city or town) Frederick (State or country) Md

17. INFORMANT Frank Keefer Jr
(Address) Frederick Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date 1/20, 1935

19. UNDERTAKER G. E. Cline & Son
(Address) Frederick Md

20. FILED 19-Jan-1935 Dr. J. J. McCarty
Registrar John H. Johnson

Within the County of Frederick (131)

Registration Dist. No. 131No. 34 E. SouthSt., FrederickWard 1(If death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.St., Frederick Ward. 1

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 18 (Month) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1935, to Jan 18, 1935.
Last saw him alive on Jan 18, 1935; death is said to have occurred on the date stated above, at 1 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis Acute Date of onset Jan 18
The pyelitis and the cystitis were caused by a benign prostatic hypertrophy

Other Contributory Causes of importance:

Perirectal abscess Date of onset Jan 12
Pyelitis - Cystitis Date of onset 1927
Date of 1935

Name of operation none Date of none

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E.P. Johnson M. D.

(Address) Frederick Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

00519

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Freel

82-12

Registration Dist. No. 132Village or City 111 T Taber

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4.5 yrs. mos. ds. How long in U.S. if of foreign birth? years. mos. ds.2. FULL NAME Fannie May Yeller

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofEdgar B Yeller6. DATE OF BIRTH (month, day, and year) Feb 7 18687. AGE 66 Years 11 Months 15 Days If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>Hauskeeper</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middleton
(State or country) Maryland13. NAME Jacob Shanks14. BIRTHPLACE (city or town) Middleton
(State or country) Maryland15. MAIDEN NAME Mahala Bowles16. BIRTHPLACE (city or town) Middleton
(State or country) Maryland17. INFORMANT Edgar B. Yeller
(Address) Middleton Md18. BURIAL, CREMATION, OR REMOVAL
Place Middleton Date Jun 25 193519. UNDERTAKER C. T. Middlebush Co
(Address) Middleton Md20. FILED Jun 25 1935 D. G. Raymond Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 22 1935
(Month) Day Year22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to Jan 21 1935I last saw her alive on Jan 21 1935; death is said to have occurred on the date stated above, at 9:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset
Jan 23 1935

Other Contributory Causes of importance:

Hypertension
arterial sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. Elmer Harp M. D.(Address) Middleton

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00520

1. PLACE OF DEATH

County FrederickVillage or city Brown KilnLength of residence in city or town where death occurred 2 yrs.

No.

Registration Dist. No.

131

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 2 mos.ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Margaret Lou Koll(a) Residence: No. Brown Kiln Rd

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Child5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofChild

6. DATE OF BIRTH (month, day, and year)

January 4-1935

7. AGE Years 3 Months 0 Days 4If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEKEEPER, etc.at home9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Frederick Md.

MOTHER FATHER

13. NAME Earl E. KollFrederick Co.

14. BIRTHPLACE (city or town)

(State or country)

Md15. MAIDEN NAMENellie J. RayFrederick Co.

16. BIRTHPLACE (city or town)

(State or country)

Md17. INFORMANT
(Address)Earl E. KollBrown Kiln P.O. Md.

18. BURIAL, CREMATION, OR REMOVAL

CremPlace Fred Memorial Crem Date January 10, 193519. UNDERTAKER
(Address)G.E. Colvin & SonFrederick Md.20. FILED 10-Jan-1935Dr. Jay J. McCrory

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 10
(Month)8
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 10-5, 1935, to Jan 10, 1935I last saw her alive on Jan 10, 1935; death is said to have occurred on the date stated above, at 9 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Jan 10-35
Acute Bronchitis
possibly developed
into pneumonia
bronchitisDate of onset
5/Jan/35

Other Contributory Causes of importance: Child had a severe cold. A capillary bronchitis then developed, terminating in broncho-pneumonia. Child did not have any other infection or disease except R.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

B. J. Thomas
Dundalk, Md. M.D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE BLAINELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00521

1. PLACE OF DEATH

County Frederick
Village or City Thurmont

93-c

Registration Dist. No. 144

St.

Ward

Length of residence in city or town where death occurred yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Newberry Penna.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
---------------	------------------------	---

5a. If married, widowed or divorced
HUSBAND of Bartlett P. Krone.

6. DATE OF BIRTH (month, day, and year) May 21st. 1863

7. AGE Years 71	Months 7	Days 22	If LESS than 1 day, hrs. or min.
-----------------	----------	---------	----------------------------------

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home	
	10. Date deceased last worked at this occupation (month and year) Sept. 30	11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Newberry
(State or country) Pa.13. NAME Jeremiah Borring
14. BIRTHPLACE (city or town) Newberry
(State or country) Penna

15. MAIDEN NAME Catherine Crone

16. BIRTHPLACE (city or town) Dover
(State or country) Penna17. INFORMANT Rev. H. E. Krone
(Address) Thurmont. MD18. BURIAL, CREMATION, OR REMOVAL Emanuel Cem.
Place Lewisberry Pa. Date Jan. 16th 193519. UNDERTAKER M. L. Creager & Son.
(Address) Thurmont. MD.20. FILED Jan. 14, 1935 Anna M. Jones
(Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 13th. 1935, 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 13th, 1935, to Jan 13th, 1935. I last saw her alive on Jan 13th, 1935; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diseases Hemorrhage
Spontaneous 1/13/35
Date of onset

Other Contributory Causes of importance:

Arterio Myocarditis 1935

Name of operation

What test confirmed diagnosis Physical examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Morris A. Bixby
(Address) Thurmont - Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1916
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00522

1. PLACE OF DEATH

County Frederick

(131)

Registration Dist. No. 145Village or City Harmony

St., Ward

Length of residence in city or town where death occurred 29 yrs. 8 mos. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Alfred J. Leatherman(a) Residence: No. Harmony near Myersville, St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofClara Leatherman6. DATE OF BIRTH (month, day, and year) April 16, 1865

7. AGE <u>69</u> Years	Months <u>8</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired farmer9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer10. Date deceased last worked at this occupation (month and year) 1930 April 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town)
(State or country) Harmony (near Myersville)13. NAME George Leatherman14. BIRTHPLACE (city or town)
(State or country) near Myersville15. MAIDEN NAME Rebecca Johnson16. BIRTHPLACE (city or town)
(State or country) near Myersville17. INFORMANT Harry Leatherman
(Address) Middleton, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Buried in hill lot of Brothers, Elk. farm
Date Jan. 13, 193519. UNDERTAKER ATK Co. Caskets
(Address) Middleton, Md.20. FILED Jan. 13, 1935, William D. Wachtel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 11

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

1933 to Jan. 10, 1935I last saw him alive on Jan. 10, 1935; death is said to have occurred on the date stated above, at 1 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Alcohol heart disease

Date of onset

Other Contributory Causes of importance

Chronic Bright's DiseaseDuration: not stated. 6 years

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. H. Huggins, M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00523

1. PLACE OF DEATH

County Frederick

Village or City Lumsdenburg

Length of residence in city or town where death occurred 3 yrs.

No. St. Joseph College St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Sarah Leonard (Sister Placide)

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 8 - 1875

7. AGE

Years
61Months
7Days
25If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town)

(State or country)

MOTHER FATHER

13. NAME

Sister of Charity

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Place)

19. UNDERTAKER

(Address)

20. FILED

(Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 3^d
(Month)
(Day)
(Year)
193522. I HEREBY CERTIFY, That I attended deceased from Jan 2^d, 1935, to Jan 3^d, 1935; last saw her alive on Jan 2^d, 1935; death is said to have occurred on the date stated above, at 11⁴⁵ A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Cerebral hemorrhage
hemiplegiaDate of onset
1/1/35

Other Contributory Causes of importance:

Chronic Endocarditis

and heart disease

Name of operation

What test confirmed diagnosis

Date of

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morris C. Bailey
(Address) Thurmont Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00524

1. PLACE OF DEATH

County Frederick
Village or City Brunswick

(158)

Registration Dist. No. 141

Length of residence in city or town where death occurred

yrs

2

mos.

10

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. 1st Ward

Ward

2. FULL NAME Doris Loraine Lowe(a) Residence: No. New York Hill
(Usual place of abode)St. 1st Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
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Se. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

no.6. DATE OF BIRTH (month, day, and year) Oct. 20, 19347. AGE Years none Months 2 Days 10 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	II. Total time (years) spent in this occupation <u>None</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) <u>None</u>	

12. BIRTHPLACE (city or town)
(State or country) Frederick, Maryland.13. NAME Paul Fletcher14. BIRTHPLACE (city or town)
(State or country) New York15. MAIDEN NAME Hattie Alberta Lowe16. BIRTHPLACE (city or town)
(State or country) Brunswick, Maryland.17. INFORMANT Hattie Alberta Lowe
(Address) Brunswick Md.18. BURIAL, CREMATION, OR REMOVAL
Place Frederick (Burial) Date Jan. 3, 195519. UNDERTAKER C. H. Felt & Son
(Address) Brunswick Md.20. FILED Jan. 3, 1955 MRS. K. S. Budget
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan

(Month)

(Day)

, 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Tone, 19, to, 19;

I last saw h. alive on, 19; death is said to have occurred on the date stated above, at, 1 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Child was dead when physician first saw it. Date of onset _____Malnutrition: a case of malnutrition (starvation) due to a lack of proper food. Other Contributory Causes of importance: prepared milk, sugar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19.

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D. _____

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00530

1. PLACE OF DEATH

County FrederickVillage or City Near Brunswick

(48)

Registration Dist. No. 141Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Mrs. Mary Ellen Maschung(a) Residence: No. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofChas N. Maschung

6. DATE OF BIRTH (month, day, and year)

7. AGE 48 Years 9 Months 20 Days If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Housewife9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. at home10. Date deceased last worked at
this occupation (month and
year) 1932 1011. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME John Shelton14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Martha Baker16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Chas N. Maschung
(Address) Brunswick18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Jan 27, 193519. UNDERTAKER M. R. Etchison & Sons
(Address) Fredrick, Md.20. FILED Jan 25, 1935 Mrs. H. S. Hedger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 24, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 24 to Jan 29, 1935.I last saw her alive on Jan 20, 1935; death is said to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer of uterusDate of onset 4/13/34

Other Contributory Causes of Importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county and State)Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County, FrederickVillage or City New Market

(1-a)

Registration Dist. No. 138St., WardLength of residence in city or town where death occurred 16 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? years. mos. ds.2. FULL NAME Frank N. Maynard

(a) Residence: No. _____

(Usual place of abode)

St., _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED, (write the word)
married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEliza Johnson Downey Maynard6. DATE OF BIRTH (month, day, and year) Mar. 25th 18577. AGE Years 77 Months 10 Days 3 If LESS than
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) March 1919 11. Total time (years) spent in this occupation 4212. BIRTHPLACE (city or town) Frederick Co
(State or country) Maryland13. NAME Nathan Maynard14. BIRTHPLACE (city or town) Frederick Co
(State or country) Md.15. MAIDEN NAME Jemima E. Chiswell16. BIRTHPLACE (city or town) Frederick Co
(State or country) Md.17. INFORMANT Eliza J. S. Maynard, wife
(Address) New Market, Md.18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery
Place. New Market Date Jan. 31, 193519. UNDERTAKER West Falcover
(Address) New Market, Md.20. FILED Jan. 31, 1935 Lucius K. Falconer
Registrar. New Market, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 29, 193522. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1935, to Jan. 29, 1935I last saw him alive on Jan. 28, 1935; death is said to have occurred on the date stated above, at 5:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

InfluenzaBroncho-pneumoniaDate of onset
Jan. 12, 1935Date of death
Jan. 29, 1935

Other Contributory Causes of Importance:

Arteria-sclerosisDate of onset
1929

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Ernest P. Roop
(Address) New Market, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

	Other contributory causes of importance:	
Gallstones	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

00527

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick

Village or City Elkmontville Md.

107

Registration Dist. No. 138

St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

10

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Truemane David Miles

(a) Residence: No. Elkmontville Md.
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
-------------	------------------------	--

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

Defunct

6. DATE OF BIRTH (month, day, and year)

9-21-1934

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	3		10	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Defunct
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	X
10. Date deceased last worked at this occupation (month and year)	X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country)	Elkmontville Md.
---	------------------

13. NAME	Andrew H. Miles
----------	-----------------

14. BIRTHPLACE (city or town) (State or country)	Hanover County Md.
---	--------------------

15. MAIDEN NAME	Helene Evans
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16. BIRTHPLACE (city or town) (State or country)	Hanover County Md.
---	--------------------

17. INFORMANT	Andrew H. Miles
(Address)	Elkmontville Md.

18. BURIAL, CREMATION, OR REMOVAL	Place Elkmontville Date 1-3, 1935
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19. UNDERTAKER	W. E. Falconer
(Address)	new Market Md.

20. FILED	Jan 2, 1934
	Lucius K. Falconer Registrar

over

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH 1-2-1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h. alive on , 19 ; death is said to have occurred on the date stated above, at 4 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Bronchopneumonia

Date of onset 12-30-34

Other Contributory Causes of importance:

Acute Bronchitis

Date 12-21-34

Name of operation none Date of

What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George W. Pigg M. D.

(Address) Elkmontville Md.

If more blanks are needed, address State Registrar, 2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This child had been dead a short time before I was called, but from the history and the lobular consolidation in the middle lobes of both lungs I am of the opinion the child had bronchopneumonia several days preceding death and died from natural causes. No physician had been called to see the case. There was no evidence of violence, injury, poisoning or convulsions.

George H. Ruggs M.D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00528

1. PLACE OF DEATH

County Frederick
 Village or City near Creagerstown

92-a

Registration Dist. No.

144

No. _____ St. _____ Ward. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Catherine Miller

(a) Residence: No. Creagerstown (Outside) Ward.
 (usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
----------------------	-------------------------------	---

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Apr 26th 1868

7. AGE	Years <u>66</u>	Months <u>9</u>	Days <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
--------	-----------------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housework</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Home</u>	
10. Date deceased last worked at this occupation (Month and year) <u>Dec 1934</u>	II. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (city or town) Maryland
 (State or country)

13. NAME Lewis E Miller
 FATHER

14. BIRTHPLACE (city or town) Maryland
 (State or country)

15. MAIDEN NAME Lavina Routzahn
 MOTHER

16. BIRTHPLACE (city or town) Maryland
 (State or country)

17. INFORMANT Mrs Estella Hankins
 (Address) Hurlock

18. BURIAL, CREMATION, OR REMOVAL
 Place Creagerstown Date Jan 3rd 1935

19. UNDERTAKER Willard E Creager
 (Address) Hurlock

20. FILED Jan. 2, 1935 Anna M. Jones
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 1st, 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1934 to Jan 1st, 1935

I last saw her alive on Dec 31st, 1934; death is said to have occurred on the date stated above, at 4 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Sophacaeum
Septicemic infection
of throat Date of onset 11/22/34

Other Contributory Causes of importance:

Chronic Endocarditis Date of 1924

Name of operation none Date of

What test confirmed diagnosis Laboratory Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Morris A. Beale M. D.
 (Address) Hurlock - Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00529

1. PLACE OF DEATH

County FrederickVillage or City Near Keysville

No.

Registration Dist. No.

184

St.,

Ward

Length of residence in city or town where death occurred 15 yrs.

mos.

ds. How long in U. S. If of foreign birth? yrs.

mos. ds.

2. FULL NAME

Mrs. Edwara Endine Moore Moser

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fw

4. COLOR OR RACE

w5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDaughter of Wm and Martha Moser

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

87

Months

2

Days

17If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Wm. Moser

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Martha Gaule

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Jess Ray Moser Egger

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Not burried

Date

Jan 29, 1935

19. UNDERTAKER

60 First Street

(Address)

Towson20. FILED Jan 26, 1935M. F. ShafferRecd. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 26(Month) (Day), 1935 (Year)22. I HEREBY CERTIFY. That I attended deceased from Jan. 15, 1935, to Jan. 25, 1935; death is saidI last saw deceased alive on Jan. 25, 1935; death is saidto have occurred on the date stated above, at 11:45 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Arterio-sclerosis

Date of onset

2

Other Contributory Causes of importance:

Congr. Valvular Disease

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Ronald R. Diller

M. D.

(Address) Baltimore, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00531

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan 10th 1935

7. AGE Years Months Days If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

None

12. BIRTHPLACE (city or town)
(State or country)

Adamstown

Maryland

13. NAME Charles Wilbur Myers

14. BIRTHPLACE (city or town)
(State or country)

Douglas

Md.

15. MAIDEN NAME Ruth Ellen Rollins

16. BIRTHPLACE (city or town)
(State or country)

Leesburg

Va.

17. INFORMANT Charles Wilbur Myers

(Address) Adamstown

18. BURIAL, CREMATION, OR REMOVAL

Place Reformed Am. Church Hill

Date Jan 13, 1935

19. UNDERTAKER M. R. Etchison Jr.

(Address) Frederick, Md.

20. FILED January 13, 1935

Elder Rutherford

Registrar

157-C

Registration Dist. No.

130

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

21. DATE OF DEATH

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY

That I attended deceased from
Jan 10, 1935, to Jan 12, 1935I last saw him alive on Jan 11, 1935, death is said
to have occurred on the date stated above, at 9 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Congenital malformation
of heart

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Samuel E. Hobbs M.D.

(Address) Adams town

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00532

1. PLACE OF DEATH

County TredegarVillage or City Emergency Hospital

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No.

(31)

St., Ward

yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Beth Myers15 Degrange St., Frederick, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Singled5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.Jan. 19, 1935

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 19, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

stillbornI last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 9:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Truncal fetus -
Death due to
Asphyxiation caused
by decompression

Other Contributory Causes of importance:

of old chronic
myocarditis of
mother

Name of operation _____ Data of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did Injury occur? _____

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) B.C. Thomas M. D.(Address) Fredrick Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00533

1. PLACE OF DEATH

County Frederick

(Hosp)

Registration Dist. No.

138

Village or City New London.

St., Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Anthony A. Neusbaum

(a) Residence: Nd.

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MARRIED

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLaunia Neusbaum

6. DATE OF BIRTH (month, day, and year)

March 6 - 1876

7. AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.58 10 14

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.Merchant9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.General Store10. Date deceased last worked at
this occupation (month and
year)Nov - 2411. Total time (years)
spent in this
occupation 27

12. BIRTHPLACE (city or town)

(State or country)

MarylandBaltimore Co

MOTHER

FATHER

Henry Neusbaum

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Sarah Snider

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFIRMANT

(Address)

Launia Neusbaum wifeof Anthony Neusbaum

18. BURIAL, CREMATION, OR REMOVAL

Place

CemeteryData 1 - 23 - 1935

19. UNDERTAKER

(Address)

W. L. FalconerNew Market Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00534

1. PLACE OF DEATH

County Frederick Co. Emergency Hospital Registration Dist. No. 131
 Village or City near Frederick No. Montezuma Emergency Hospital Ward
 Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds. How long in U.S. if of foreign birth? 7 yrs. 7 mos. 7 ds.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Anna Mary Ogle

(a) Residence: No. Mr. Pleasant Rd. Ward. Mr. Pleasant Rd.
 (Usual place of abode) Frederick Co. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
----------------------	---------------------------------	--

5a. If married, widowed, or divorced
 HUSBAND of (or) WIFE of

John Ogle

6. DATE OF BIRTH (month, day, and year) May 5 - 1850

7. AGE <u>84</u>	Years	Months <u>8</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Domestic</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
10. Date deceased last worked at this occupation (month and year) <u>1935</u>	11. Total time (years) spent in this occupation <u>95</u>

12. BIRTHPLACE (city or town) Bethel
 (State or country) Frederick Co. Md.

13. NAME Geo. Benson
 14. BIRTHPLACE (city or town) Frederick Co.
 (State or country) Md.

15. MAIDEN NAME Dout
 16. BIRTHPLACE (city or town) "
 (State or country) "

17. INFORMANT Nathaniel Ogle
 (Address) Mr. Pleasant Rd.

18. BURIAL, CREMATION, OR REMOVAL
 Place Mr. Pleasant Rd. Date 1/8, 1935

19. UNDERTAKER C. E. Tolson & Son
 (Address) Frederick Md.

20. FILED Jan. 1935 Dr. J. H. Conroy
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 5, 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 31, 1934, to Jan. 5, 1935.

I last saw him alive on Dec. 5, 1934; death is said to have occurred on the date stated above, at 2:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemiplegia left side Dec 30, 1934

Primary Cause: Cerebral Hemorrhage Cause
 Other Contributory Causes of importance:

Arteriosclerosis 1930

Name of operation. Date of.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) John H. Conroy M. D.
 (Address) Frederick Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00535

1. PLACE OF DEATH

County Frederick

Within the Corporate limits _____

(13)

Registration Dist. ND.

131

Village or City FrederickNo. 125 W. Market

St., Ward

Length of residence in city or town where death occurred 75 yrs.

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Eugene Staub Payne(a) Residence: ND. 125 W. Market

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
----------------------	-------------------------------	--

Sa. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJoseph F. Payne

6. DATE OF BIRTH (month, day, and year)

July 30 1859

7. AGE

Years 75Months 5Days 8If LESS than
1 day, _____. hrs.
or _____. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore Md.

MOTHER FATHER

13. NAME Andrew J. Staub14. BIRTHPLACE (city or town) Frederick Co.
(State or country) Md15. MAIDEN NAME Mary Ann Stone16. BIRTHPLACE (city or town) Frederick Co.
(State or country) Md

17. INFIRMANT

(Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL

Places St. John's Cemetery Date January 10, 1935

19. UNDERTAKER

(Address) E. Cline & Son Frederick Md.

20. FILED

Tues Jan 10, 1935 Dr. Fred N. Curly Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

1 . 7 , 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dept 1932 to Jan 7, 1935I last saw deceased alive on Jan 7, 1935; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic interstitial nephritis / 1932

Date of onset

Other Contributory Causes of importance:

Mitral regurgitation
do not Regurgitate at
onset

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

J. M. Goodlance M. D.
(Signed) J. M. Goodlance M. D.
(Address) Frederick Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. J. H. Yostman

STATE OF MARYLAND—CERTIFICATE OF DEATH

00536

1. PLACE OF DEATH

County FrederickVillage or City Jefferson

93c

Registration Dist. No. 132

St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Loretta Harshman Pearl

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofFrank A. Pearl6. DATE OF BIRTH (month, day, and year) Sept. 23, 1852

7. AGE <u>82</u> Years	Months <u>3</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House Wife</u>	11. Total time (years) spent in this occupation <u>65</u>
---	---

12. BIRTHPLACE (city or town) Frederick Co.
(State or country)13. NAME George Harshman14. BIRTHPLACE (city or town) Frederick Co.
(State or country)15. MAIDEN NAME Mary Kesseling16. BIRTHPLACE (city or town) Frederick Co.
(State or country)17. INFORMANT Harry Michael
(Address) Holyspouse, Md.18. BURIAL, CREMATION, OR REMOVAL
Place With Lem Jefferson, Md. Date Jan. 26, 193519. UNDERTAKER C. Ladell Co.
(Address) Jefferson Md.20. FILED Jan. 19, 1935 By Grayson Samuel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan

(Month)

17 (Day), 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 1935, to Jan 16, 1935; death is said
to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Bronchitis
Moderate Acute Nephritis
Pulmonary congestion & edema Jan 15

Date of onset

Jan 3Jan 14Jan 15

Other Contributory Causes of Importance:

Gastric & Asthma & emesis
Chronic Myocarditis
Sensitivity

Name of operation None Date of —What last confirmed diagnosis? Chances Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did Injury occur? _____ (Specify city or town, county and State)

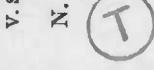
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. L. Lovett, Jr. M. O.(Address) Jaggaron Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00537

1. PLACE OF DEATH

County FrederickVillage or City State Sanatorium # Md.

(23)

Registration Dist. No.

139

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Pertsch(a) Residence: No. 2701 Ailsa ave (Usual place of abode)

Ward.

Balto. Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>female</u>	<u>white</u>	<u>widowed</u>

5a. If married, widowed, or divorced

~~HUSBAND~~

(or) WIFE of

John Geo. Pertsch6. DATE OF BIRTH (month, day, and year) June 15, 1869

7. AGE	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>6</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 2 yrs ago 11. Total time (years) spent in this occupation lifetime

12. BIRTHPLACE (city or town)
(State or country) Germany13. NAME Joseph Danner14. BIRTHPLACE (city or town)
(State or country) Germany15. MAIDEN NAME Barbara Drexler16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT Anna Pertsch (on admission)
(Address) 2701 Ailsa ave. Balt. Md.18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Md. Date Unknown19. UNDERTAKER M. L. Creager & Son
(Address) Thurmont Md.20. FILED 4/1/35, 19 Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 1.

(Month) (Day)

1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1933, to Jan 1, 1935. Last saw her alive on Dec. 31, 1934; death is said to have occurred on the date stated above, et al. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis Jan 1929

Other Contributory Causes of importance:

Fatal Pulmonary Hemorrhage none

Name of operation _____ Date of _____

What test confirmed diagnosis? chest X-ray + Pos. sputum Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Stewart J. Shaffer

(Signed)

(Address) State Sanatorium Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00538

1. PLACE OF DEATH

County

Frederick
Church Hill, near Myersville

(92-a)

Registration Dist. No. 145

St. _____ Ward _____

Length of residence in city or town where death occurred, Tife mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Martin F. Poffinberger

(a) Residence: No. Church Hill, near Myersville, St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White Widowed

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elizabeth Poffinberger

6. DATE OF BIRTH (month, day, and year)

Nov. 30 1856

7. AGE

78 Years 1 Months 13 Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Pet. Farmer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. farm10. Date deceased last worked at
this occupation (month and
year) 192011. Total time (years)
spent in this
occupation life12. BIRTHPLACE (city or town)
(State or country)Near Myersville
Maryland

FATHER

13. NAME George J. Poffinberger
near Myersville14. BIRTHPLACE (city or town)
(State or country) Mexico

MOTHER

15. MAIDEN NAME Sarah Doub
near Myersville, Md.16. BIRTHPLACE (city or town)
(State or country) America

17. INFORMANT

George R. Poffinberger
To Myersville, Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Großnickles Cemetery 1-16, 1935

(Date)

19. UNDERTAKER

Bittel Bros.
Myersville, Md.

(Address)

20. FILED

Jan. 14, 1935 William S. Wachtel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan.
(Month)13
(Day), 1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 12, 1935 to Jan. 13, 1935I last saw him alive on Jan. 13, 1935, death is saidto have occurred on the date stated above, at 7 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Brachio Proximal

Date of onset

Other Contributory Causes of importance:

AteriosclerosisAortic RegurgitationName of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur?

(Specify city or town, county and State)
specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucky Waters M.D.
(Address) Myersville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00539

1. PLACE OF DEATH

County FrederickVillage or City State Sanatorium

Length of residence in city or town where death occurred

yrs. 3 mos. 19 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No.

139

St. Ward

2. FULL NAME Creighton G. Pratt

(a) Residence: No.

(Usual place of abode)

Goldsboro St., Caroline Co. Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

white

married.

5a. If married, widowed, or divorced

HUSBAND of
(or wife of)Mildred M. Pratt

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

25

6

24

Farmer

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

July 1934

11. Total time (years)
spent in this
occupation

11 yrs

12. BIRTHPLACE (city or town)
(State or country)

Greensboro, Md.

MOTHER FATHER

13. NAME

Howard Pratt

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Edith Cardell Limes

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

Creighton Pratt
(Address)

Goldsboro, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Greensboro, Md. Data: unknown

19. UNDERTAKER

M. L. Creager
(Address)

Laurinston, Md.

20. FILED

11/27/35

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 27, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from
Oct 8, 1934, to Jan 27, 1935I last saw him alive on Jan 27, 1935; death is said
to have occurred on the date stated above, at 6:50 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary Tuberculosis
Date of onset June 1934

Other Contributory Causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

chest ray + Positum

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Stewart S. Shaffer
(Address) State Sanatorium, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00540

1. PLACE OF DEATH

County

Frederick

(AB)

Registration Dist. No.

139

Village or City

State Sanatorium Md

St. Ward

Length of residence in city or town where death occurred

yrs.

2

mos.

8

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

mos.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

William P. Ramby

Cobb Island Charles Co. Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

white

married

5a. If married, widowed, or divorced

HUSBAND of

Catherine Ramby

6. DATE OF BIRTH (month, day, and year)

Mo 15 1876

7. AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.

58

1

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

May/933

11. Total time (years) spent in this occupation

40 yrs

MOTHER FATHER

12. BIRTHPLACE (city or town)

Wash. D.C.

(State or country)

Maryland

13. NAME

George Ramby

Maryland

Maryland

14. BIRTHPLACE (city or town)

Maryland

(State or country)

Maryland

Maryland

15. MAIDEN NAME

Laura Shoemaker

Wash. D.C.

(State or country)

Wash. D.C.

Wash. D.C.

(State or country)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00541

1. PLACE OF DEATH

County Frederick

Registration Dist. No. 131

Village or City Feagaville

St. Ward

Length of residence in city or town where death occurred 1 yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss. Elizabeth Mary Ray

(a) Residence: No. Feagaville, Md.
(Usual place of abode)St. Ward. Frederick, Md. (P.O. address)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) May 22, 1845

7. AGE Years Months Days If LESS than
89 8 0 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER, Nurse
SAWYER, BOOKKEEPER, etc.9. Industry or business in which work was done, as SILK MILL, Practical Nursing
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME James Ray
14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Nancy Snyder.
16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. H. M. Feaga,
(Address) Frederick, Md. R. D.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Fred. Date Jan. 24, 193519. UNDERTAKER M. R. Etchison & Son.
(Address) Frederick, Md.20. FILED 23 January 1935 L. J. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 22nd. 5

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 22, 1935, to Jan. 22, 1935, death is said
to have occurred on the date stated above, at 12.30 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Histeria Sclerosis

Date of onset

Jan. 1925

B

Other Contributory Causes of Importance:

Senile dementia months

Date of

Name of operation Was there an autopsy? 10
What last confirmed diagnosis?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Frank H. Fudge M. D.

(Address) Frederick

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00542

1. PLACE OF DEATH

County Frederick
Village or City Brunswick

942

Registration Dist. No. 141

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

2. FULL NAME George Tolman Robertson

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
MARRIED5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofLulu Kellar

6. DATE OF BIRTH (month, day, and year)

May 10, 1887

7. AGE

Years 47Months 7Days 27If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Car repairman9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.B&O RR10. Date deceased last worked at
this occupation (month and
year)Jan 7 193511. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country) Md

MOTHER FATHER

13. NAME Gus & Robertson

14. BIRTHPLACE (city or town)

(State or country) Md15. MAIDEN NAME Mary E Whalen

16. BIRTHPLACE (city or town)

(State or country) Md17. INFORMANT Mrs. Gus E. Robertson(Address) Harrisonville, Va

18. BURIAL, CREMATION, OR REMOVAL

Place Harrisonburg, VaDate Jan 835
193519. UNDERTAKER C. H. Hart, Jr., Son(Address) Harrisonville, Md20. FILED Jan 8, 1935

Mrs. H. S. Hodges

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 7

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19_____, to

, 19_____,

I last saw h. _____ alive on

, 19_____,

to have occurred on the date stated above, at 11 A.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Coronary Embolism
Deed shedding when
at work following

Other Contributory Causes of importance:

On the ground and
digging instantaneously

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19_____,

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. H. Hart, Jr.(Address) Procurement, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones	May 1, 1928	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00543

1. PLACE OF DEATH

County Frederick
Village or City Frederick

Within the Corporate Limits
46-6

Registration Dist. No.

131

Length of residence in city or town where death occurred 30 yrs.

No. 402 S. College Parkway

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Siegel Rosenour(a) Residence: No. 402 South College Parkway Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBenjamin Rosenour Jr.6. DATE OF BIRTH (month, day, and year) May 5 1881

7. AGE Years <u>52</u>	Months <u>8</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	---------------	--

OCCUPATION <input checked="" type="checkbox"/>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House wife</u>
<input checked="" type="checkbox"/>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
<input checked="" type="checkbox"/>	10. Date deceased last worked at this occupation (month and year) <u></u>
	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town) New York
(State or country) New York13. NAME William Siegel14. BIRTHPLACE (city or town) Neuren
(State or country) Germany15. MAIDEN NAME Henrietta Strauss16. BIRTHPLACE (city or town) Chicago
(State or country) Ill.17. INFORMANT Benjamin Rosenour Jr.
(Address) 1402 S. College Parkway18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Cemetery
Place Baltimore, Md. Date Jan. 9, 193519. UNDERTAKER Harry E. Carty Co.
(Address) 1547 Pat St. Frederick, Md.20. FILED Jan. 10, 1935 Dr. Asst. Secy.
T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 6
(Month) (Day) 1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan. 1, 1934, to Jan. 6, 1935; death is said to have occurred on the date stated above, at 6:50 P.M..
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Carcinoma of Stomach

Date of onset

Jan. 1934

Other Contributory Causes of Importance:

Secondary GastritisName of operation Exploratory Laparotomy Date Sept. 10, 1934What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Austin Carr M. D.
(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	FEB 5 1923	1921

RECEIVED

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00544

1. PLACE OF DEATH

County Frederick WITHIN THE CORPORATE LIMITS 157
 Village or City Frederick Frederick City Hospital St., Ward
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Foster S. Routhazer(a) Residence: No. Middletown, Md. (life) St., Ward.Registration Dist. No. 132

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Estelle McRouthazer (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>62</u>	Years	Months <u>3</u>	Days <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc. Former
 9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year) Dec. 1934

11. Total time (years) spent in this occupation 4512. BIRTHPLACE (city or town)
(State or country)Middletown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 20 (Month) 1935 (Year)22. I HEREBY CERTIFY That I attended deceased from Dec 20, 1934 to Jan 20, 1935; death is saidI last saw him alive on Jan 20, 1935; death is said to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ileo-Colitis Jan 1 35Benign prostatic hypertrophy. Duration: not stated. Cause?

Other Contributory Causes of importance:

ProstatectomyName of operation Prostatectomy Date of Dec 31 34What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19 _____. Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None
Nature of injury24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Elmer Harp M. D.
(Address) Middletown

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00545

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County FrederickVillage or City Near Frederick, Frederick Co.

80

Registration Dist. No.

131

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Charles Edward Rowe(a) Residence: No. 286 Dell Ave

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDellie Jones Rowe

6. DATE OF BIRTH (month, day, and year)

Dec. 12 1860

7. AGE

75

Years

1

Months

5

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

85

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)191911. Total time (years)
spent in this
occupation18 yrsRetired Druggist12. BIRTHPLACE (city or town)
(State or country)Tarboro N.C.

MOTHER

FATHER

13. NAME Robert Rowe14. BIRTHPLACE (city or town)
(State or country)Near Richmond Va.15. MAIDEN NAME Mary Bond16. BIRTHPLACE (city or town)
(State or country)Tarboro N.C.

INFORMANT

(Address)

Mrs. Lester L. Smith
Frederick Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Olivet Cemetery

Date

July 19, 1935

19. UNDERTAKER

(Address)

B. E. Tolson & Son
Frederick Md

20. FILED

T

Jan. 19, 1935Dr. Dan J. McCarley

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 17

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 1, 1935, to Jan 17, 1935I last saw him alive on Jan 1, 1935; death is said to have occurred on the date stated above, at 6:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

TuberculosisDate of onset
1929

Other Contributory Causes of importance:

NephritisDate of
Dec. 34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P. W. Barr M. D.(Address) Fairmount M.D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	Date of onset
	July 5, 1927

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Example II

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick Within the Corporate limits (86-a)
 Village or City Frederick Registration Dist. No. 131
 Length of residence in city or town where death occurred Hope No. 238 E Patrick St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Anna Katherine Schell

(a) Residence: No. 238 E Patrick St., Ward.
 (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, end year) Nov. 7, 1853

7. AGE <u>81</u>	Years	Months <u>2</u>	Days <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>No trade</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year) _____	II. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Frederick
 (State or country) Maryland

13. NAME Philip Schell

14. BIRTHPLACE (city or town) Hamburg
 (State or country) Germany

15. MAIDEN NAME Anna Katherine Timmeker

16. BIRTHPLACE (city or town) Hamburg
 (State or country) Germany

17. INFORMANT Mrs. John W. Easner
 (Address) 238 E. Patrick St

18. BURIAL, CREMATION, OR REMOVAL
 Place Mt. Olivet Cemetery Date Jan 24, 1935

19. UNDERTAKER Henry E. Carty Co.
 (Address) 254 East Patrick St

20. FILED 22-Jan-1935 Dr. Dr. J. McLandy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 7 (Month) 2/11 (Day), 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Jan 7, 1935, to Jan 21, 1935; I last saw her alive on Jan 11, 1935; death is said

to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Shock of heart & brain
due to accidental fall
down a flight of steps

Date of onset

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? fall Date of injury 4/22, 1935

Where did injury occur? at her home

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury fall down steps

Nature of injury general shock

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) J. J. Campbell, M.D. M. D.

(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00549

1. PLACE OF DEATH

County

Frederick

(23)

Registration Dist. No.

139

Village or City

State Sanatorium

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

1

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Augusta Scheerer

Stemmers Run, Balt. Co., Md.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

female

white

married

5a. If married, widowed, or divorced

~~Husband~~
(or) WIFE of

John B. Scheerer

6. DATE OF BIRTH (month, day, and year)

Sept. 1. 1869

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

65

4

15

OCCUPATION

X

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Feb. 1934

11. Total time (years)
spent in this
occupation

lifetime

12. BIRTHPLACE (city or town)

(State or country)

Germany

13. NAME

Herman Drog

14. BIRTHPLACE (city or town)

Germany

(State or country)

15. MAIDEN NAME

Amelia Neubauer

16. BIRTHPLACE (city or town)

Germany

(State or country)

17. INFORMANT

Augusta Scheerer (Administrator)

(Address)

Stemmers Run, Balt. Co., Md.

Place

Balt. Md. Data unknown

18. BURIAL, CREMATION, OR REMOVAL

Place

Balt. Md. Data unknown

Date

19. UNDERTAKER

M. L. Creager

(Address)

Towson, Md.

Place

20. FILED

1/16/35, 19

Place

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 16

(Month)

1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19

to 19

I last saw h alive on 19 , 19 ; death is said
to have occurred on the date stated above, at 2:25 P.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary Tuberculosis

Date of onset
Feb. 1934

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis chest X-ray Post mortem Was there an autopsy no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Stewart S. Thaffler M. D.

(Address) State Sanatorium Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00551

1. PLACE OF DEATH

County Frederick

1860

Registration Dist. No. 141Village or City BrunswickSt. Ward Length of residence in city or town where death occurred 42 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lewis W. Shores

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)wid

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHannah G. Custer

6. DATE OF BIRTH (month, day, and year)

June 16 1861

7. AGE

Years 73 Months 7 Days 10 If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Conductor
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. RR10. Date deceased last worked at this occupation (month and year) 8/7/77

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country) W. Va.

13. NAME

Walter L. Shores

14. BIRTHPLACE (city or town)

(State or country) W. Va.

15. MAIDEN NAME

Mary A. Johnson

16. BIRTHPLACE (city or town)

(State or country) W. Va.

17. INFORMANT

Mrs. Ruby Constantino
(Address) Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va. Date Jan 29, 1934

19. UNDERTAKER

Chitt's Son
(Address) Brunswick Md.

20. FILED

Jan 8, 1935 by A. S. Bridgeman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 26, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on Feb. 10, 1934; death is said to have occurred on the date stated above, at 10:30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Lock jaw
Fever

Other Contributory Causes of importance:

Cerebral hemorrhage
Stroke
1934

Name of operation _____ Date of _____

What test confirmed diagnosis? Spinal tap Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Jan 26, 1934Where did injury occur? Home of son

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home of sonManner of injury Fall from chairNature of injury Fall

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Chitt's Son M. D.(Address) Brunswick Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example B

The principal cause of death and related causes of importance were as follows:	Date of onset
<u>Arteriosclerosis</u>	1915
<u>Chronic interstitial nephritis</u>	1921
<u>Cerebral hemorrhage</u>	July 5, 192
Other contributory causes of importance:	
<u>Gallstones</u>	May 1, 192

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00552

1. PLACE OF DEATH

County Frederick

Village or City Frederick

186-21

Registration Dist. No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Showe

(a) Residence: No. Franklin St., Frederick
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced
-------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Julia Athey.

6. DATE OF BIRTH (month, day, and year) Dec. 6. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
43	1		14	

OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1/18/35

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Thomas F. Showe
MOTHER FATHER14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Mary Suman.

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT James A. Showe.
(Address) Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL Monrovia, Md.
Place Pleasant Hill Cem. Date Jan. 22, 193519. UNDERTAKER M. R. Etchison & Son.
(Address) Frederick, Md.20. FILED Jan. 22, 1935 Dr. Fred J. McCurdy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 20 th.

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 18, 1935, to Jan. 20, 1935

I last saw him alive on Jan. 19, 1935; death is said to have occurred on the date stated above, at 2.30A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture of cervical vertebrae Jan 18, 1935

Other Contributory Causes of importance:

accident
fall from hay mow
landing on land

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 19, 1935

Where did injury occur? Frankel Farm, Frederick, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

On Farm

Manner of Injury Fall from hay mow

Nature of injury Fractured 6 cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Working on Farm

(Signed) B. D. Showe M. D.

(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00553

1. PLACE OF DEATH

County

Frederick

23

Registration Dist. No.

139.

Village or City

State Sanatorium

St.

Ward

Length of residence in city or town where death occurred

1 yrs.

7 mos.

25 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Eva V. Siverd

Laurel Prince Geo Co. Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

female white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

widow

6a. If married, widowed, or divorced

(or) WIFE of

norman Elder Siverd

6. DATE OF BIRTH (month, day, and year)

April 15, 1893.

7. AGE

Years

41

Months

8

Days

27

If LESS than

1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

May, 1933

11. Total time (years)
spent in this
occupation

6 yrs

12. BIRTHPLACE (city or town)
(State or country)

West Virginia

MOTHER FATHER

13. NAME

Peter H. mouse

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Ella Reins

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

Eva V. Siverd (on admission)

(Address)

Laurel Md.

18. BURIAL, CREMATION OR REMOVAL

Place Baltimore Md. Date unknown

19. UNDERTAKER

M-L Creager

(Address)

Towson Md.

20. FILED

4/15/35, 19.

Signature

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 12, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from
May 15, 1933, to Jan 12, 1935I last saw her alive on Jan 12, 1935; death is said
to have occurred on the date stated above, at 1:10 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary Tuberculosis
Date of onset Oct 1932

Other Contributory Causes of Importance:

Name of operation

none

Date of

What test confirmed diagnosis? Chest X-ray + Pos. Sputum

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Stewart S Shaffer M.D.

(Signed)

(Address) State Sanatorium Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00554

1. PLACE OF DEATH

County Frederick

Village or City near Prospect

ND.

Registration Dist. No. 147

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Florence Elizabeth Smith

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
S5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 12, 1933

7. AGE

Years 1

Months 4

Days 25

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

none

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Carroll Co.
Maryland

MOTHER / FATHER

13. NAME Joseph Albert Smith

14. BIRTHPLACE (city or town)
(State or country)Liberty
Frederick Co. Md.

15. MAIDEN NAME Annie Rebecca Stansbury

16. BIRTHPLACE (city or town)
(State or country)Frederick Co.,
Maryland17. INFIRMANT (Mrs.) Annie Smith
(Address)

R. F. D. # Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Cemetery Date Jan. 9, 1935

19. UNDERTAKER

L. M. Walt
Winfield, Md.

20. FILED

Jan. 8, 1935 A. K. Mollsworth
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 7, 1935.

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
Jan. 6, 1935, to Jan. 7, 1935I last saw her alive on Jan. 7, 1935, 1935; death is said
to have occurred on the date stated above, at 6:23 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Influenza

Date of onset

1/6/35

Other Contributory Causes of importance:

Convulsions

Cardiac Dilatation

1/6/35

1/7/35

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Stanley Grabill
(Address) Mt. Airy, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00555

1. PLACE OF DEATH

County Frederick Co.
Village or City Mt. Pleasant

(92)

Registration Dist. No. 131St.
Ward

No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs. 3 mos. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Sarah Lavina Lee Smith

(a) Residence; Nd. Mt. Pleasant St. Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Wm. Henry Smith
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1, 1854

7. AGE <u>80</u> Years	Months <u>7</u>	Days <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Retired</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME John F. O'F

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Eliza T. Gaines

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Mr. John Smith
(Address) Kingsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Kingsville Date Jan. 23, 1935

19. UNDERTAKER G. W. Wright
(Address) Wadsworth Md.

20. FILED 21 Jan., 1935 Dr. Dr. J. D. Cumber
Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 21, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 8, 1934, to Jan. 21, 1935.

I last saw her alive on Jan. 19, 1935; death is said to have occurred on the date stated above, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchial pneumonia: Duration not known. Cause?
arteriosclerosis.
acute nephritis duration several weeks.

Other Contributory Causes of importance:
Valvular heart disease + nephritis.
granular, acute.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm. Cromwell Phin M. D.

(Address) Fairfax Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1955-1-21
1954-1-21
1950-1-21
1956-1-21
1951-1-21

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00556

1. PLACE OF DEATH

County Frederick
Village or City Woodsboro

93-c

Registration Dist. No. 140

St. _____ Ward. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Hamilton Smith

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofVirginia Shank

6. DATE OF BIRTH (month, day, and year)

Apr 2, 1860

7. AGE

Years

74

Months

9

Days

15If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

John Smith d. J.

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Mary Jane Gilbert

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Mrs. Clay J. Spring

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope CemeteryDate Jan 20, 1935

19. UNDERTAKER

Powell & Albaugh

(Address)

20. FILED 1/19/35

L. C. Pearce

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 17, 1935

22. I HEREBY CERTIFY. That I attended deceased from

Jan 7, 1935 to Jan 17, 1935; death is said
last saw him alive on Jan 13, 1935; death is said
to have occurred on the date stated above, at Woodsboro.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Petited farmer for ergoane

Other Contributory Causes of importance:

Bronchitis Pneumonia Chronic Myocarditis 1925

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

Frank H. Feger M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00557

1. PLACE OF DEATH

County *Frederick*

23

Registration Dist. No. 130

Village or City *Point of Rocks*

St. 130

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds. How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME *Charles Henry Spring*

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Singe</i>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

*May 26, 1895-*7. AGE Years *39* Months *8* Days *2* If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *B & O R.R.*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. *Track man*10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Virginia*

MOTHER

13. NAME *James F. Spring*14. BIRTHPLACE (city or town)
(State or country) *Virginia*

FATHER

15. MAIDEN NAME *Mary E. Snorts*16. BIRTHPLACE (city or town)
(State or country) *Virginia*

17. INFORMANT

(Address) *Point of Rocks Md.*

18. BURIAL, CREMATION, OR REMOVAL:

Place *Frederick Md.* Date *Jan. 30, 1935*

19. UNDERTAKER

(Address) *C. H. Fult & Son**Baltimore Md.*20. FILED *January 29, 1935*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 28th, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

*Mar. 1932 to Jan 28, 1935*I last saw him alive on *Jan 27, 1935*; death is said
to have occurred on the date stated above, at *5 A.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Tuberculosis of Respiratory system 1920*

Date of onset

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis? *Spined Sputum* Was there an aut'opsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

if so, specify

(Signed) *Samuel E. Hobbe* M. D.
(Address) *Adamstown Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

00558

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 1 PLACE OF DEATH
County Frederick

Within the Corporate limits

(159)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 131

Village or City Frederick (No. 308 W. South St.)

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Franklin Engel Stockman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M4 COLOR OR RACE W5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word) S

6 DATE OF BIRTH

1 7, 1935
(Month) (Day) (Year)

7 AGE

0 yrs. 0 mos. 0 da. or 30 min. ?
If LESS than
1 day 16 hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry business, or establishment in which employed or (employer) None

9 BIRTHPLACE

(State or country) Md

10 NAME OF FATHER

Franklin Engel Stockman

11 BIRTHPLACE OF FATHER

(State or country) Md

12 MAIDEN NAME OF MOTHER

Frances E. Beyer

13 BIRTHPLACE OF MOTHER

(State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Franklin E. Stockman(Address) Frederick Md

15

Filed 8 Jan 1935 Dr. Dr. John C. Cindy
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

1 7, 1935
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Jean 7, 1935
that I last saw him alive on Jean 7, 1935,
and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH & was as follows:

Premature birth
dead at 6 months

(Duration) ... yrs. ... mos. ... da.

Contributory
Secondary

(Duration) ... yrs. ... mos. ... da.

(Signed) J. M. Goodwin M.D.
Jane 7, 1935 (Address) Frederick Md* State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury; and (2) whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... da.

In the State, ... yrs. ... mos. ... da.

Where was disease contracted,
if not at place of death?Former or
last residence.

19 PLACE OF BURIAL OR REMOVAL | 20 STATE OF BURIAL

Md. Olney Cemetery

19-Jan-1935

20 UNDERTAKER

ADDRESS

Mr. R. Etchison Son

Frederick Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Housewife*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDE, or HOMICIDE, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00559

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. **CAPITALS** should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. Exact statement of **OCCUPATION** is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County *Frederick*Village or City *Frederick*

2 FULL NAME

*(No. 308 W. Beach)*STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. *131*St. *Ward*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M*4 COLOR OR RACE *W*5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word) *S*

6 DATE OF BIRTH

1
(Month)*7*
(Day)*1925*
(Year)

7 AGE

*0 yrs. 0 mos. 0 ds. or 0 min. ?*If LESS than
1 day *14* hrs.
14 min. ?

8 OCCUPATION

(a) Trade, profession or particular kind of work *None*(b) General nature of industry business, or establishment in which employed or (employer) *None*

9 BIRTHPLACE

(State or country) *Md*

10 NAME OF FATHER

Frances E. Stockman

11 BIRTHPLACE OF FATHER (State or country)

Md

12 MAIDEN NAME OF MOTHER

Frances E. Boyer

13 BIRTHPLACE OF MOTHER (State or country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Frances E. Stockman*(Address) *Frederick Md*

15

Filed *Jan. 1935* Dr. *Dr. John C. Cudly*
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

1
(Month)
7
(Day)
1935
(Year)

17 I HEREBY CERTIFY, That I attended the deceased from

John 1925 to Jan. 7, 1935
that I last saw *None* alive on *Jan. 7, 1935*
and that death occurred on the date stated above, at *10:30 a.m.*

The CAUSE OF DEATH was as follows:

*Fracture birth
about 6 months*(Duration) *2* yrs. *0* mos. *0* ds.Contributory
Secondary(Duration) *2* yrs. *0* mos. *0* ds.(Signed) *J.W. Gableman* M.D.Jan. 8, 1935 (Address) *Frederick Md*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death *... yrs. ... mos. ... da.*In the State, *... yrs. ... mos. ... da.*

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mt. Olivet Cemetery Jan. 9, 1935

20 UNDERTAKER ADDRESS

M. R. Etchison & Son, Frederick, Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Toromotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spiriter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Orchopneumonia* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia",

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cachexia, Sarcoma, etc., of unknown origin*; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mastitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchiopneumonia* (secondary), 4 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from: childbirth or miscarriage as "Puerperal septicæmia"; "Puerperal peritonitis"; etc. State cause for which surgical operation was undertaken. For violent means state means of INJURY and quality as ACCIDENTAL, SUICIDAL, or MURDEROUS, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00560

1. PLACE OF DEATH

County Frederick
Village or City Brunswick

(48)

Registration Dist. No. 141St. 141

Ward

Length of residence in city or town where death occurred 2 yrs.mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Anna V. Cauldron

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John S. Cauldron6. DATE OF BIRTH (month, day, and year) Mar 12 1873

7. AGE Yaars <u>61</u>	Months <u>9</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	11. Total time (yaars) spent in this occupation
--	---

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Date deceased last worked at this occupation (month and yaar) _____
--	---

10. Date deceased last worked at this occupation (month and yaar) _____	11. Total time (yaars) spent in this occupation
---	---

12. BIRTHPLACE (city or town)
(State or country) Md13. NAME Henry Harrison14. BIRTHPLACE (city or town)
(State or country) Md15. MADIOEN NAME Cordine Story16. BIRTHPLACE (city or town)
(State or country) Pa17. INFORMANT John S. Cauldron
(Address) Brunswick Md18. BURIAL, CREMATION, OR REMOVAL
Place Knoxville Md Date Jan 17 193519. UNDERTAKER Ott First & Son
(Address) Brunswick Md20. FILED Jan 9, 1935 M. D. H. S. Badger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 8

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept. 1934 to Jan 8, 1935. I last saw her alive on Jan 8, 1935; death is said to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congenital
Obstruction

Date of onset

Other Contributory Causes of importance:

Hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? Neopsey Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) In else the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Millman & Schreyer M. O.
(Signature) Millman & Schreyer
(Address) Brunswick

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00561

1. PLACE OF DEATH

County Frederick
 Village or City Libertytown

Length of residence in city or town where death occurred 80 yrs.

93-C

Registration Dist. No. 137

St. _____ Ward _____

No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 mos. _____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.2. FULL NAME Emma J. Trundle

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
-------------------	----------------------------	---

5a. If married, widow or divorced —
 HUSBAND of Clayton Trundle (or WIFE of _____)6. DATE OF BIRTH (month, day, and year) Feb 1st 1855

7. AGE Years <u>79</u>	Months <u>11</u>	Days <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	------------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>57 yrs</u>
--	---

12. BIRTHPLACE (city or town) Md (State or country)13. NAME Sidney J. Trundle14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Margaret Wagner16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Helen Joy (Address) Libertytown18. BURIAL, CREMATION, OR REMOVAL Place St Peters Cemetery Date Jan 26, 193519. UNDERTAKER Powers & Albreegh (Address) Libertytown20. FILED Jan 26, 1935 778 Deafman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan(Month) 24 (Day) 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec - 24 1934 to Jan 24, 1935. I last saw her alive on Jan 24, 1935; death is said to have occurred on the date stated above, at 11:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis Chronic.

Date of onset

Jan 34

Other Contributory Causes of importance:

Chronic Colitis1924

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Otis B. Lane
 (Address) Libertytown

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00562

1. PLACE OF DEATH

County FrederickVillage or City Frederick

Length of residence in city or town where death occurred

yrs. 3 mos. 2 / ds. How long in U.S. if of foreign birth? yrs. mos. ds.Registration Dist. No. 131St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Romaine Adella Tucker(a) Residence: No. 238 E. 3rdSt. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND or (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 25, 1934

7. AGE

Years 1Months 3Days 21If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Child9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Frederick Md

MOTHER FATHER

13. NAME

Chas. E. Tucker14. BIRTHPLACE (city or town)
(State or country)Kearneysville
W. Va

15. MAIDEN NAME

Ruth Hoffman16. BIRTHPLACE (city or town)
(State or country)Frederick Md17. INFORMANT
(Address)Mrs. Chas. E. Tucker
Frederick Md

18. BURIAL, CREMATION, OR REMOVAL

Place My church Date Jan. 28, 193519. UNDERTAKER
(Address)C. E. Colvin & Son20. FILED 28-Jan-1935 Dr. Robert McCloskey

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 28
(Month)28
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 28, 1935, to Jan. 28, 1935I last saw him alive on Jan. 28, 1935; death is said
to have occurred on the date stated above, at 11:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Infant pneumonia23-Jan-35

Other Contributory Causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Wellness(Signed) J. C. Lantz Jr.

M. D.

(Address) 101 S. Locust St., Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00563

1. PLACE OF DEATH

County Frederick
Village or City Frederick

with the Corporate

186-a

Registration Dist. No.

131

Length of residence in city or town where death occurred 10 yrs.No. 501 S. Market St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ida M. Umberger(a) Residence: No. 501 S. Market St St., Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced #B&D (or) WIFE of <u>John S. Umberger</u> (Dead)			
6. DATE OF BIRTH (month, day, and year) <u>Nov. 12 1854</u>			
7. AGE	Years <u>78</u>	Months <u>1</u>	Days <u>26</u>
			If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House Keeper</u>		10. Date deceased last worked at this occupation (month and year) <u>Retired</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>X</u>			
11. Total time (years) spent in this occupation			

12. BIRTHPLACE (city or town)
(State or country) New Market
Maryland13. NAME George Syers
14. BIRTHPLACE (city or town)
(State or country) Washington
D. C.15. MAIDEN NAME Naomi Bowman16. BIRTHPLACE (city or town)
(State or country) Frederick
Maryland17. INFORMANT Mrs. Bertha M. Baker
(Address) 501 S. Market St18. BURIAL, CREMATION, OR REMOVAL
Place Mouravia Date Jan 11, 193519. UNDERTAKER Harry E. Carty Co.
(Address) Frederick, Md.20. FILED 10 - Jan 1935 Dr. J. H. Curley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 9th

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Dec 28, 1934, to Jan 9th, 1935I last saw her alive on Jan 8th, 1935; death is said to have occurred on the date stated above, at 6 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute cardiac dilatation Date of onset 1-9-35Other Contributory Causes of importance:
Fracture of right hip joint
Hypertension
Arteriosclerosis, Date of operation _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Never Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury 12-28-1934Where did injury occur? at home Frederick, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in home fall down stairsManner of injury Fractured fall down stairsNature of injury Fracture of right hip joint24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Ida J. Buderfield M. D.(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage	RECEIVED	Date of onset
		July 5, 1927

Other contributory causes of importance:	RECEIVED	Date of onset
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	RECEIVED	Date of onset
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	
	July 5, 1927
RECEIVED FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
RECEIVED FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*For authentication of date of birth see form
letter filed under Volume, 311350*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00565

1. PLACE OF DEATH

County Frederick within the Corporate limits 99
 Village or City Frederick

Registration Dist. No. 131

Length of residence in city or town where death occurred 25 yrs.
 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Nathaniel J. Wachter(a) Residence: No. 129 W 5th St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Manie Miller</u>				
6. DATE OF BIRTH (month, day, and year)	<u>May 27, 1847</u>			
7. AGE	Years <u>87</u>	Months <u>8</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	<u>farmer</u>			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)	<u>1931</u>	11. Total time (years) spent in this occupation		<u>62</u>

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Henry Wachter14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Sarah Geesey16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. Manie M. Wachter
(Address) Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Methodist Cemetery Date Jan 28, 193519. UNDERTAKER M. R. Cleggson & Son
(Address) Frederick, Md.20. FILED 30 Jan 1935 D. A. M. C. A. L. Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 28th(Month) Jan. (Day) 28, (Year) 193522. I HEREBY CERTIFY, That I attended deceased from June 19, 1930, to Jan 28, 1935.I last saw him alive on Jan 28, 1935; death is said to have occurred on the date stated above, at 7 P.M.. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Dentistry

Date of onset

Other Contributory Causes of importance:

Edentates ablation

Today

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. Lawrence Farley M. D.(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00566

1. PLACE OF DEATH

County FrederickVillage or City State Sanatorium # md

23

Registration Dist. No.

139

St., WardLength of residence in city or town where death occurred 4 yrs. 0 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Earl J. WardRockville, Montg. Co. Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

L

6. DATE OF BIRTH (month, day, end year)

May. 2. 1908

7. AGE

Years 25Months 8Days 0If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) unknown11. Total time (years)
spent in this
occupation unknown12. BIRTHPLACE (city or town)
(State or country)Maryland13. NAME unknown14. BIRTHPLACE (city or town)
(State or country)unknown15. MAIDEN NAME unknown16. BIRTHPLACE (city or town)
(State or country)unknown17. INFORMANT Earl J. Ward (on admission)
(Address) Rockville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Montaview Fred. C. Ind. Date Jan. 9, 193519. UNDERTAKER M. L. Greager
(Address) Towsonport, Md.20. FILED 4/1/35, 19_____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 2. 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 30, 1930, to Jan. 2., 1935; death is said

I last saw him alive on Jan. 2, 1935; death is said

to have occurred on the date stated above, at 1:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary Tuberculosis

Date of onset

Sept. 1/30

Other Contributory Causes of importance:

Fatal Pulmonary Hemorrhage

Name of operation

none

Date of

What test confirmed diagnosis: Chest X-ray 9/8/30 Was there an autopsy?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Stewart J. Shaffer M. D.
(Signed) Stewart J. Shaffer M. D.
(Address) State Sanatorium, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00567

1. PLACE OF DEATH

County Frederick

Village or City Near Yellow Springs

Registration Dist. No. 131

Length of residence in city or town where death occurred 50 yrs.

No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David Ezra Wastler

(a) Residence: No. Near Yellow Springs
(Usual place of abode)

St. Ward Outside

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah A Palmer

6. DATE OF BIRTH (month, day, and year) May 28, 1854

7. AGE Years Months Days If LESS than
80 7 6 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Shoemaker
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Owner Home
10. Date deceased last worked at this occupation (month and year) 12/29/34 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Daniel W. Wastler

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MARIOON NAME Sarah E. Ridenour

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Chester L. WASTLER
(Address) Near Yellow Springs

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Reform Church Date 1/6/34, 19

Charlevoile

19. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED Jan 1935 Dr. Douglass C. Under
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

1 (Month) 4 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1935 to 1-4-1935

I last saw him alive on 4 Jan 1935; death is said to have occurred on the date stated above, at 1 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cordie Valenay Lewis

Date of onset after 4 yrs

Other Contributory Causes of importance:

As there

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. G. Bassett
Frederick, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00568

1. PLACE OF DEATH

County FrederickVillage or City Montgomery

Emergency Hospital

Frederick Md

(75)

Registration Dist. No.

131

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry Whitney

(a) Residence: No.

Berensrule's Md

St.

Ward.

Brewerich Md

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

June 20, 1879

7. AGE

Years

55

Months

6

Days

13

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

7899
a. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)
Dec 24, 1934Day Laborer
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

FATHER

13. NAME

Dennis Whitney

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Mary R. Peterson

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

James A. Jones Drpt.
Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Cumberland Md Jan 5, 1934

19. UNDERTAKER

(Address)

Louis Stein Jr.

20. FILED

(Address)

Cumberland Md

Registrars

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 3
(Month)
(Day)1935
1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1935, to Jan 3, 1935

I last saw him alive on Jan 3, 1935; death is said to have occurred on the date stated above, at 10:20 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Delirium Tremens
Antialcoholism Dec 24

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

B. O. Hennings M. D.
Frederick Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00570

1. PLACE OF DEATH

County Frederick Co.
 Village or City Walkersville Md.

92-a

Registration Dist. No.

153

St., Ward

Length of residence in city or town where death occurred 9 yrs. 2 mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Harriet Winebrenner(a) Residence: No. Walkersville St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓6. DATE OF BIRTH (month, day, and year) Nov. 16, 1925

7. AGE Years <u>9</u>	Months <u>2</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
--	--

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓10. Date deceased last worked at this occupation (month and year) ✓11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) Walkersville
(State or country) Maryland13. NAME Roy B. Winebrenner14. BIRTHPLACE (city or town) Walkersville
(State or country) Maryland15. MAIDEN NAME Alice Feiser16. BIRTHPLACE (city or town) Woodstock
(State or country) Maryland17. INFORMANT Mrs. Roy Winebrenner
(Address) Walkersville Md.18. BURIAL, CREMATION OR REMOVAL
Place Woodstock Cemetery Date Jan. 30, 193519. UNDERTAKER S. W. Wright
(Address) Walkersville Md.20. FILED Jan. 29, 1935, R. Ward Stauffer
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 28
(Month) 28 (Day), 1935 (Year)

I HEREBY CERTIFY, That I attended deceased from

May 24, 1934, to Jan. 28, 1935; death is saidto have occurred on the date stated above, at 2 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Rheumatic fever Date of onset
May 1934

Other Contributory Causes of Importance:

Chronic valvular disease
of heart Aug. 1935

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Joseph W. Long M. D.
(Address) Walkersville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00571

1. PLACE OF DEATH

County Frederick

WITHIN CORPORATE LIMITS OF _____

16-1

Registration Dist. No. 131Village or City Middleton City Hospital St., Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Bobby Baker Young, James Edward

(a) Residence: Nd.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Singel5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Jan. 30, 19357. AGE Years 0 Months 0 Days 0 If LESS than
1 day, 1 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Frederick13. NAME Jacob Baker Young14. BIRTHPLACE (city or town)
(State or country) Middleton15. MAIDEN NAME Mary Margaret Courtney16. BIRTHPLACE (city or town)
(State or country) Washington D.C.17. INFORMANT Jacob Baker Young(Address) Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Middleton Cem. Date Feb. 1, 193519. UNDERTAKER Gladhill C. S.(Address) Middleton, Md.20. FILED 1-Feb-1935 By Dr. J. J. McCurdy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 30(Month) Jan. (Day) 30, (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 30, 1935, to Jan. 30, 1935; I last saw him alive on Jan. 30, 1935; death is said to have occurred on the date stated above, at 12:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

CaphayiaDate of onset Jan. 30, 1935

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Bethanyas M. D.
(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1937

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00572

1. PLACE OF DEATH

County, Frederick
Village or City, Walkersville

82-a

Registration Dist. No.

153

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Eugene Zimmerman
(a) Residence: No. Walkersville St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND of (or) WIFE ofof Gertrude Zimmerman

6. DATE OF BIRTH (month, day, end year)

7. AGE Years <u>67</u>	Months <u>8</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION
 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year) Oct. 1934 11. Total time (years spent in this occupation Entire life

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME John David Zimmerman
14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME martha Valentine
16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. Edward Zimmerman
(Address) Walkersville Md.18. BURIAL, CREMATION, OR REMOVAL
Place No. 100 Franklin Street Date Sept. 27, 193519. UNDERTAKER G. W. Wright M.D.
(Address) Walkersville Md.20. FILED Jan. 23, 1935 R. Hartenbeck Recorder

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 27, 1935 (Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1934, to Jan. 27, 1935; death is saidI last saw him alive on Jan. 22, 1935; death is said to have occurred on the date stated above, at 5 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset
4 Aug.
6 Aug.
Oct. 28
1934

Arteriosclerosis
Cerebral hemorrhage

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Joseph W. Long M. D.(Address) Walkersville Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

00573

1. PLACE OF DEATH

County Frederick
 Village or City Frederick

(48)

Registration Dist. No. 131

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Florence Nicodemus Zimmerman(a) Residence: No. 111 College ave.St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married.

6e. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofClinton R. Zimmerman

6. DATE OF BIRTH (month, day, and year)

Sept. 1st 1875

7. AGE

Years <u>60</u>	Months <u>4</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

193411. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town)

(State or country)

Maryland

13. NAME

Martin P. Nicodemus.

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Mary E. Nicodemus Huffer

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

Mary Nicodemus.

(Address)

Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL

BurialReedsville Cem. Date 1-5 1935

19. UNDERTAKER

Conrad Funeral Home

(Address)

Frederick Md.

20. FILED

4-Jany 1935J. McLevy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

1 (Month) 2 (Day), 1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from

July 1934 to Jan 2 1935I last saw him alive on Jan 2 1935; death is saidto have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Liver

Other Contributory Causes of Importance:

Arteritis of Liver and StomachName of operation Procedure Date of Aug 1934What test confirmed diagnosis? Mauspin Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address)

Jeff Hedges M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED Date of onset	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	EEB	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN